USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

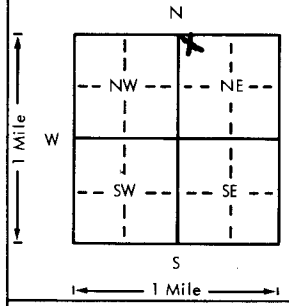
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeko, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	1/4 NW 1/4 NE 1/4	26	T 28 S	R 2W E/W

2. Distance and direction from nearest town or city: ½ mile West of 135th West and 55th South on the south side of road
Street address of well location if in city: Wichita, Kansas

3. Owner of well: Paul Burger
R.R. or street: 3104 S. St. Clair
City, state, zip code: Wichita, Kansas

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 11 in. Completion date 4-24-79
Well depth 55 ft.

7. ___ Cable tool X Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: X Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning ___ Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material styrene gl Height: Above or Below
Threaded ___ Welded ___ Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 55 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .200

5. Type and color of material	From	To
Topsoil	0	3
Clay	3	13
Fine Sand	13	15
Grey Shale	15	55

10. Screen: Manufacturer's name Sunflower Plastics
Type Styrene. Dia. 5"
Slot/gauze .06 Length 40'
Set between 15 ft. and 55 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1-1/8"

11. Static water level: mo./day/yr.
15 ft. below land surface Date 4-24-79

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. X Water sample submitted: mo./day/yr.
___ Yes ___ No Date ___

14. Well head completion: capped
___ Pitless adapter 12 Inches above grade

15. Well grouted? yes 1-2 fine sand mix
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 40" ft. to 14 ft.

16. Nearest source of possible contamination:
ft. 75 Direction SW Type Lagoon
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

(Use a second sheet if needed)

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks: Flat Ground

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Harp Well & Pump 236
Business name License No.
Address Wichita, Kansas
Signed M. Arnold Date 5-26-79
Authorized representative

T 28 — R 2W E — Sec 26 — 1/4 NW 1/4 NE 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023