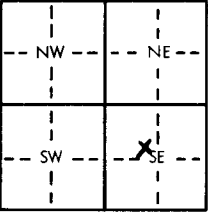


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:	County SEDGWICK	Fraction 1/4 NW 1/4 SE 1/4	Section number 23	Township number T 28 S R 3 E W	Range number
2. Distance and direction from nearest town or city: #13 LAKE RIDGE		3. Owner of well: BRUCE HOLMES			
Street address of well location if in city: Goddard, KANSAS		City, state, zip code: Goddard, KANSAS			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. 11 in. Completion date: 10-4-76 Well depth 125 ft.	
5. Type and color of material		From	To	7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
TOP SOIL		0	3	8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other	
SANDY SOIL		3	19	9. Casing: Material STYRENE Height: Above or below Threaded ☐ Welded ☐ Surface 12 in. RMP ☒ PVC ☐ Weight ☐ lbs./ft. Dia. 5 in. to 125 ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth gage No. 1200	
FINE SAND		19	22	10. Screen: Manufacturer's name SUNFLOWER PLASTIC Type STYRENE Dia. 5" Slot/gauze 106 Length 45' Set between 80 ft. and 125 ft. ☐ ft. and ☐ ft. Gravel pack? YES Size range of material 1/4-1/8"	
CLAY		22	28	11. Static water level: ☐ mo./day/yr. 29 ft. below land surface Date 10-4-76	
BLUE SHALE		28	125	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. Water sample submitted: ____ mo./day/yr. ____ Yes ____ No Date ____	
				14. Well head completion: 12 CAPPED ____ Pitless adapter ____ inches above grade	
				15. Well grouted? YES With: ____ Neat cement ____ Bentonite ☒ Concrete Depth: From 40" o. to 14 ft.	
				16. Nearest source of possible contamination: SEPTIC TANK ft. 68 Direction NORTH Type TANK Well disinfected upon completion? ☒ Yes ____ No	
				17. Pump: ☒ 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	
18. Elevation:		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 10-18-76 Authorized representative	

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

Form WWC-5