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

Billed to: Twenty First Elec.

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 NW 1/4 SW 1/4	26	T 28 S	R 3 W

2. Distance and direction from nearest town or city:
Street address of well location if in city: 6100 So. 247th W. Goddard, Kansas

3. Owner of well: Ken Walty
R.R. or street: 6100 South 247th West
City, state, zip code: Goddard, Kansas

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

N — NW — NE — W — E — X SW — SE — S — 1 Mile — 1 Mile

6. Bore hole dia. 11 in. Completion date 2-22-77
Well depth 80 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 Height: Above or below
Threaded __ Welded gl Surface 12 in.
RMP X PVC __ Weight __ lbs./ft.
Dia. 5 in. to 80 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. .200

5. Type and color of material	From	To
Sandy Topsoil	0	3
Clay	3	8
Brown Shale	8	22
Gray Shale	22	80

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .06 Length 40'
Set between 40 ft. and 80 ft.
__ ft. and __ ft.
Gravel pack? yes Size range of material 80 1/2-1/8"

11. Static water level: mo./day/yr.
46 ft. below land surface Date 2-22-77

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: capped
__ Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: __ Neat cement __ Bentonite X Concrete
Depth: From 40" ft. to 14 ft.

16. Nearest source of possible contamination: NONE
ft. __ Direction __ Type
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

18. Elevation:
Topography:
__ Hill
__ Slope
__ Upland
__ Valley

19. Remarks: Flat Ground
Septic Tank not installed when well well was drilled.
No apparent source for contamination.

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.
Business name Harp Well & Pump License No. 236
Address Wichita, Kansas
Signed M. Arnold. Date 2-23-77
Authorized representative

T 28 S R 3 W Sec 26 1/4 1/4 1/4 NWSE

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

Form WWC-5

M1-1023