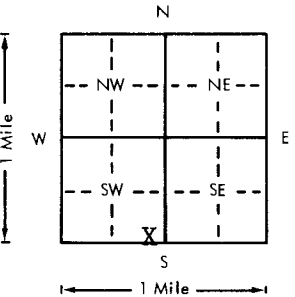


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SE 1/4 SW 1/4	Section number 34	Township number T 29 S R 1W E/W	Range number
2. Distance and direction from nearest town or city: 1/2 E. of Ridge Rd. on 119th S. on the N. side of the		3. Owner of well: Leonard Schmeissner R.R. or street: R.R. #1 City, state, zip code: Peck, Kansas			
4. Locate with "X" in section below: 		Sketch map: road. Peck, Kansas		6. Bore hole dia. 11 in. Completion date _____ Well depth 45 ft. 7-18-78	
5. Type and color of material		From	To	7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
Topsoil		0	3	8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Low ☐ Oil field water ☐ Other	
Clay		3	12	9. Casing: Material Styrene Height: Above or below _____ Threaded _____ Welded gl Surface 12 in. RMP ☒ PVC _____ Weight _____ lbs./ft. Dia. 5 in. to 45 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. 200	
Fine Sand		12	35	10. Screen: Manufacturer's name _____ Sunflower Plastic Type styrene Dia. 5" Slot/size .06 Length 15' Set between 30 ft. and 45 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1/4-1/8"	
Gray Shale		35	45	11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 7-18-78	
				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 1-2 Fine Sand Mix With: _____ Neat cement _____ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft.	
				16. Nearest source of possible contamination: Septic ft. 55 Direction South 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 _____	
		(Use a second sheet if needed)			
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 67209 Signed M. Arnold Date 8-2-78 Authorized representative		

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

Form WWC-5