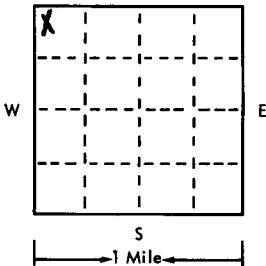


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Sedgwick	Township name Kechi	Fraction NW$\frac{1}{4}$ NW$\frac{1}{4}$	Section number 21	Town number 26S	Range number 1E		
Distance and direction from nearest town or city: 5360 Valentine Street address of well location if in city: Wichita, Ks.			3 Owner of well: Caroline Wood 400 Circle Drive Address: Derby, Kansas 67037					
Locate with "X" in section below: 			Sketch map:			4 Well depth: 40 ft. Date of completion 7-7-75 Well diameter 11 in.		
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
			Top soil and Sandy Clay		0	10	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
			Medium Sand		10	28	7 Casing: Material styrene Height: above/below 12/4/1 Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. Diam. 5 in. to 40 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 5 in. to 40 ft. depth	
			Shale		28	40	8 Screen: Sunflower Plastic Manufacturer styrene Dia. 5" Type 005 Length 20 Slot/gauze 20 ft. and 40 ft. Set between 20 ft. and 40 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1-1/8"	
							9 Static water level: 15 ft. below land surface Date 7-7-75	
					10 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.			
					11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date ____			
					12 Well head completion: <input type="checkbox"/> Pitless adapter 12 <input checked="" type="checkbox"/> Inches above grade			
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 10 ft.			
					14 Nearest source of possible contamination: ft. 80 Direction South Type Septic tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Dempster Model number ____ HP 1/2 Volts 110 Length of drop pipe 25 ft. capacity 12 g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
16 Remarks: elevation Flat Ground Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			17 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 Wichita, Kansas License No. 67209 Address Dr. Arnold Date 7-8-75 Signed Dr. Arnold Authorized representative					

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5