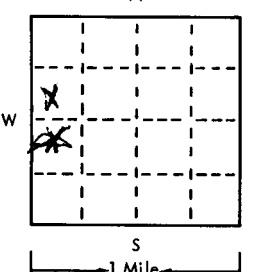


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Sedgwick</b>	Township name <b>Kechi</b>	Fraction <b>SW 1/4 SW 1/4 NW 1/4</b>	Section number <b>33</b>	Town number <b>26S</b>	Range number <b>1E</b>
Distance and direction from nearest town or city: <b>3404 North Emporia</b>			3 Owner of well: <b>Rite Way Fireproofing</b>			
Street address of well location if in city: <b>Wichita, Kansas</b>			Address: <b>3404 North Emporia Wichita, Kansas</b>			
Locate with "X" in section below: 			Sketch map:			4 Well depth: <b>46</b> ft. Date of completion <b>4-9-75</b> Well diameter <b>11</b> in.
2 Type and color of material			From		To	
			Dirt and Sandy Soil		0	2
			Clay		2	10
			Medium Sand		10	43
Blue Clay			43	46	8 Screen: Manufacturer <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze <b>.005</b> Length <b>15'</b> Set between <b>31</b> ft. and <b>46</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1-1/8"</b>	
					9 Static water level: <b>16</b> ft. below land surface Date <b>4-9-75</b>	
					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 checked="" type="checkbox"/> Pitless adapter <b>12</b> <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 <b>0</b> ft. to <b>12</b> ft.	
					14 Nearest source of possible contamination: <b>NONE</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Sta-Rite</b> Model number <b>Lp6D</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>30</b> ft. capacity <b>20</b> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(use a second sheet if needed)						
16 Remarks: elevation <b>No apparent source for contamination.</b>  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley <b>Flat Ground</b>			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. <b>Harp Well &amp; Pump Serv. 236</b> Business name License No. <b>67209</b> Address <b>Wichita, Kansas</b> Signed <b>Mrs. Arnold</b> Date <b>4-10-75</b> Authorized representative			

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

Form WWC-5