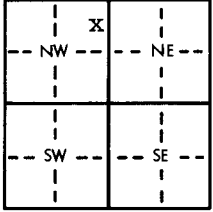


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SW NE SE NW 1/4 NE 1/4 NW 1/4	Section number 17	Township number T 27 S	Range number R 1E E/W
2. Distance and direction from nearest town or city: 1103 Jefferson Street address of well location if in city: Wichita, Kansas			3. Owner of well: First Church of Bethern R.R. or street: 1103 Jefferson City, state, zip code: Wichita, Kansas 67203			
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W  E S 1 Mile</div>			Sketch map: <div style="display: flex; flex-direction: column;"> <div>6. Bore hole dia. 11 in. Completion date _____ Well depth 41 ft. 7-18-77</div> <div>7. <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</div> <div>8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other</div> <div>9. Casing: Material Styrene Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 41 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200</div> </div>			
5. Type and color of material			From	To		
Tosspoil			0	3	10. Screen: Manufacturer's name _____ Sunflower Plastic	
Clay			3	10	Type Styrene Dia. 5" Slot/gauge .06 Length 15' Set between 26 ft. and 41 ft. _____ ft. and _____ ft.	
Fine Sand			10	22	Gravel pack? yes Size range of material 1/2-1/8"	
Medium Sand			22	41	11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 7-18-77	
					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. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
					14. Well head completion: Capped <input type="checkbox"/> Pitless adapter 12 inches above grade	
					15. Well grouted? yes to 2 fine sand mix. With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 40" ft. to 14 ft.	
					16. Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input 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)						
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: Septic System was not installed when the 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. Harp Well & Pump 236 Business name License No. Address Wichita, Kansas Signed M. Arnold Date 9-3-77 Authorized representative				

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

Form WWC-5