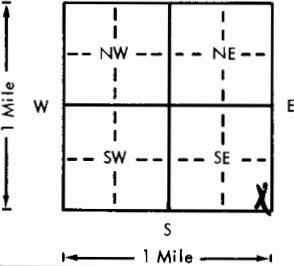


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SE 1/4	Section number 13	Township number T 27 S	Range number R 2E E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city: 536 Lancaster Wichita, Kansas			3. Owner of well: Challis Co. R.R. or street: 15812 Stratford Roe City, state, zip code: Wichita, Kansas				
4. Locote with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. 11 in. Completion date 10-17-78 Well depth 90 ft.			
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 ☐ Lawn ☐ Oil field water ☐ Other			
Clay		3	8	9. Casing: Material Styrene Height: Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight ☐ lbs./ft. Dia. 5 in. to 90 ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth gage No. 200			
Grey shale		8	90	10. Screen: Manufacturer's name Sunflower plastic Type styrene Dia. 5" Slot 1/16" Gauge .06 Length 70' Set between 20 ft. and 90 ft. Gravel pack? yes Size range of material 1/4-1/8"			
				11. Static water level: ☐ mo./day/yr. 15 ft. below land surface Date 10-17-78			
				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: ft. 95 Direction East Type Septic Well disinfected upon completion? ☒ Yes ☐ No tank			
				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			
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 Wichita, Kansas License No. 67209 Address M. Arnold Signed M. Arnold Date 10-26-78 Authorized representative			

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

Form WWC-5