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

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

WATER WELL RECORD
KSA 82a-1201-1215

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

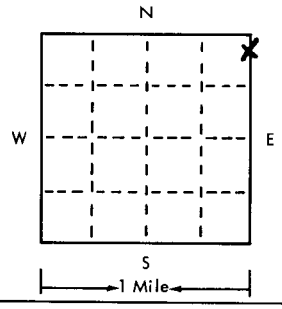
| 1 Location of well: | County | Township name | Fraction | Section number | Town number | Range number |
|---|---|---|---|---|---|---|
| | Sedgwick | Minneha | NE¼ NE¼ | 22 | 27S | 2E |

Distance and direction from nearest town or city: 335 North 127 East Wichita, Kansas

Street address of well location if in city:

3 Owner of well: John SJogren
Address: 335 North 127th East Wichita, Kansas

Locate with "X" in section below:




Sketch map:

4 Well depth: 54 ft. Date of completion 5-20-75
Well diameter 11 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☒ lawn use only

7 Casing: Material: styrene Weight: above/below ///
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 5 in. to 54 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☐ No

| 2 Type and color of material | From | To |
|---|---|---|
| Dirt and Top Soil | 0 | 3 |
| Clay | 3 | 27 |
| Shale | 27 | 54 |

(use a second sheet if needed)

8 Screen:
Manufacturer Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .005 Length 10'
Set between 44 ft. and 54 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼ - 1/8"

9 Static water level:
42 ft. below land surface Date 5-20-75

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:
☐ Yes ☐ No Date ___

12 Well head completion: capped
☐ Pitless adapter 12 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 11 ft.

14 Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

No apparent source for contamination.

For irrigating lawn.

Topography:
☐ Hill
☒ Slope
☐ Upland
☐ 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 License No.
Address Wichita, Kansas 67209
Signed M Arnold Date 5-21-75
Authorized representative

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

Form WWC-5