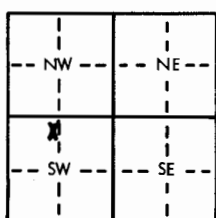


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82g-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: SEDGWICK		County NE 1/4 NW 1/4 SW 1/4		Section number 27		Township number T 27 S		Range number R 2 E	
2. Distance and direction from nearest town or city: 1001 Romney Street address of well location if in city: WICHITA, KANSAS				3. Owner of well: DON ASHEL R.R. or street: 1001 Romney City, state, zip code: WICHITA, KANSAS					
4. Locate with "X" in section below: N 1 Mile W  E S 1 Mile				Sketch map:		6. Bore hole dia. 11 in. Completion date 8-27-76 Well depth 65 ft.			
5. Type and color of material				From		To		7. ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
								8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☒ Lawn ☐ Oil field water ☐ Other	
								9. Casing: Material STYRENE Height: 12 in. Threaded ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight 1200 lbs./ft. Dia. 5 in. to 65 ft. depth Wall Thickness: inches or Dia. 5 in. to 65 ft. depth Gauge No. 1200	
								10. Screen: Manufacturer's name SUNFLOWER PLASTIC Type STYRENE Dia. 5" Slot gauge 106 Length 35' Set between 30 ft. and 65 ft. ft. and 65 ft. Gravel pack? YES Size range of material 1/4-1/8	
								11. Static water level: 30 ft. below land surface Date 8-27-76 mo./day/yr.	
								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: ____ Yes ____ No Date ____ mo./day/yr.	
								14. Well head completion: 12 CAPPED ____ Pitless adapter ____ Inches above grade	
								15. Well grouted? YES With: ____ Neat cement ____ Bentonite ☒ Concrete Depth: From 40" to 14 ft.	
								16. Nearest source of possible contamination: SEPTIC ft. 100 Direction WEST Type TANK Well disinfected upon completion? ☒ Yes ____ No	
								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 License No. Address WICHITA KANSAS Signed M. Arnold Date 9-30-76 Authorized representative			

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

Form WWC-5