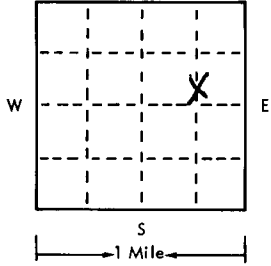


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Sedgwick	Township name Riverside	Fraction ^{corner} 050 NE 1/4	Section number 19	Town number 28S	Range number 1E
Distance and direction from nearest town or city: Dodge & 50th So.			3 Owner of well: Wallace Laxton			
Street address of well location if in city: Wichita, Kansas			Address: 229 North Volutsia Wichita, Kansas			
Locate with "X" in section below: N  W X E S 1 Mile			Sketch map:			4 Well depth: <u>35</u> ft. Date of completion <u>4-3-75</u> Well diameter <u>11</u> in.
2 Type and color of material			From	To	5 <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	
Dirt and Sandy Soil			0	3	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> Garden	
Medium Sand			3	35	7 Casing: Material <u>Styrene</u> Height above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. to <u>35</u> ft. depth Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					8 Screen: Manufacturer <u>Sunflower Plastic</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot/gauze <u>.005</u> Length <u>10'</u> Set between <u>25</u> ft. and <u>35</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2-1/8"</u>	
					9 Static water level: <u>12</u> ft. below land surface Date <u>4-3-75</u>	
					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: <u>capped</u> <input type="checkbox"/> Pitless adapter <u>12</u> <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 <u>0</u> ft. to <u>12</u> ft.	
					14 Nearest source of possible contamination: <u>NONE</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
16 Remarks: elevation Flat Ground			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 <u>Wichita, Kansas</u> License No. <u>67209</u> Address _____ Signed <u>Mrs. Orselle</u> Date <u>4-4-75</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			No apparent source for contamination.			

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

Form WWC-5