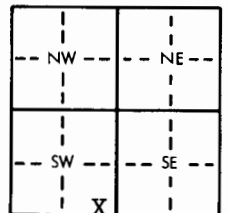


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SW 1/4	Section number 1	Township number T 28 S	Range number R 2E E/W
2. Distance and direction from nearest town or city: 10300 E. 55th S. Wichita, Kansas				3. Owner of well: Leo Engles R.R. or street: 10300 E. 55th S. City, state, zip code: Wichita, Kansas		
4. Locate with "X" in section below: N 1 Mile W 1 Mile S E 				Sketch map:		
5. Type and color of material				From	To	6. Bore hole dia. 11 in. Completion date 7-19-78 Well depth 48 ft.
Topsoil				0	2	7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary
Light Tan Clay				2	18	8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other
Light Tan Shale				18	35	9. Casing: Material Styrene Height: Above or below 12 in. Threaded ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight 12 lbs./ft. Dia. 5 in. to 48 ft. depth Wall Thickness: inches or Dia. 5 in. to 48 ft. depth gage No. 200
Blue Shale				35	18	10. Screen: Manufacturer's name Sunflower Plastic Type styrene Dia. 5" Slot 1/16" Length 28' Set between 20 ft. and 48 ft. Gravel pack? yes Size range of material 1/4-1/8"
						11. Static water level: 10 ft. below land surface Date 7-19-78 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: ____ 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. 500 Direction North Type Lagoon 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
(Use a second sheet if needed)						
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 67209 Signed M. Orsall Date 8-2-78 Authorized representative		
Topography: ☐ Hill ☐ Slope ☐ Upland ☐ Valley						

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

Form WWC-5