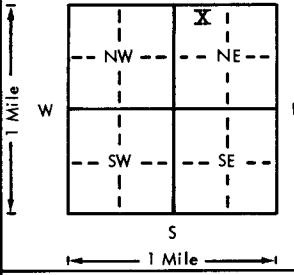


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW 1/4 NE 1/4	Section number 5	Township number T 28 S	Range number R 2E E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 8904 East 31st South Wichita, Kansas			3. Owner of well: Francis Brown R.R. or street: 8904 East 31st South City, state, zip code: Wichita, Kansas		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			6. Bore hole dia. 11 in. Completion date 4-11-77 Well depth 90 ft.		
			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: Above or below /// Threaded ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight 12 lbs./ft. Dia. 5 in. to 90 ft. depth Wall Thickness: inches or Dia. 5 in. to 90 ft. depth gage No. 200		
			10. Screens: Manufacturer's name Sunflower Plastic Type Styrene Dia. 5" Slot/gauze /// .06 Length 60' Set between 30 ft. and 90 ft. Gravel pack? yes Size range of material 1-1/8"		
			11. Static water level: 30 ft. below land surface Date 4-11-77 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: capped ____ Pitless adapter 12 inches above grade		
			15. Well grouted? yes 1/1 sand With: ____ Neat cement ____ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft. OK		
			16. Nearest source of possible contamination: Septic Tank 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		
			(Use a second sheet if needed)		
18. Elevation: Topography: ____ Hill ____ Slope ____ Upland ____ Valley		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 4-30-77 Authorized representative	

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

Form WWC-5