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

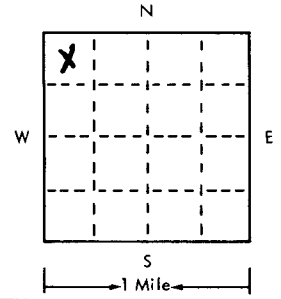
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Salem	CNW NW	1	29S	1E

Distance and direction from nearest town or city: 4955 East 73 So.
Street address of well location if in city: Wichita, Kansas

3 Owner of well: Bradford Construction
Address: 7320 South Broadway Wichita, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 60 ft. Date of completion 4-17-75
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 ☐ _____

7 Casing: Material Styrene Height: above/below ////
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 5 in. to 60 ft. depth Weight _____ lbs./ft.
Drive shoe? ☐ Yes ☐ No
_____ in. to _____ ft. depth

2 Type and color of material	From	To
Dirt and Clay	0	18
Sandy Clay	18	20
Shale	20	60

(use a second sheet if needed)

8 Screen:
Manufacturer Sunflower Plastic
Type Styrene Dia. 5"
Slot/gauze .005 Length 35
Set between 25 ft. and 60 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4-1/8

9 Static water level:
15 ft. below land surface Date 4-17-75

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:
☐ Pitless adapter 12 ☒ Inches above grade capped

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 100 Direction SE Type Septic Tank
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
Flat Ground

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
Signed M Arnold Date 4-20-75
Authorized representative

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

Form WWC-5

677-H