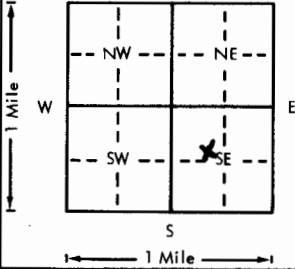


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SE 1/4	Section number 8	Township number T 29 S R	Range number 1 E
2. Distance and direction from nearest town or city: Street address of well location if in city: 230 West 85th St. South			3. Owner of well: R.R. or street: City, state, zip code: Mark L. Branch 3160 South Rutan Wichita, Kansas			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 11 in. Completion date 2-11-77 Well depth 48 ft.			
5. Type and color of material			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 12 in. Threaded ☒ Welded ☐ Surface ☐ RMP ☒ PVC ☐ Weight 48 lbs./ft. Dia. 5 in. to 48 ft. depth Wall Thickness: inches or Dia. 5 in. to 48 ft. depth Gage No. .200			
			10. Screen: Manufacturer's name Sunflower Plastic Type styrene Dia. 5" Slot/groove .06 Length 15' Set between 33 ft. and 48 ft. Gravel pack? yes Size range of material 1-1/8"			
			11. Static water level: 15 ft. below land surface Date 2-11-77 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: 12 capped Pitless adapter ____ inches above grade			
			15. Well grouted? yes With: ☒ Neat cement ☒ Bentonite ☒ Concrete Depth: From 40' ft. to 14 ft.			
			16. Nearest source of possible contamination: NONE ft. ____ Direction ____ Type ____ 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: Topography: ____ Hill ____ Slope ____ Upland ____ Valley			19. Remarks: Flat Ground Septic System not insatlled when the well was drilled. No apparent source for contamination.			
			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 2-14-77 Authorized representative			

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

Form WWC-5