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
Topeko, Kansas 66620

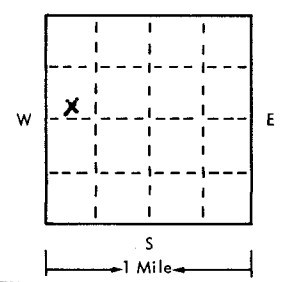
SW SW NE NW

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Salem	SW¼NW¼	17	29S	1E

Distance and direction from nearest town or city: 8937 Woodside
Street address of well locotion if in city: Wichita, Ks.

3 Owner of well: Virgil Moeder Construction
Address: 8945 Woodside Drive Wichita, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 98 ft. Date of completion 6-14-75
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: Materiol styrene Height: above/below ///
Threaded ☐ Welded ☐ Surfoce 12 in.
Diom. 5 in. to 98 ft. depth Weight _____ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☐ No

2 Type and color of material	From	To
Dirt and Sandy Soil	0	3
Black Clay	3	10
Medium Sand	10	16
Black Fine Sand and Clay	16	26
Shale	26	98

(use a second sheet if needed)

8 Screen:
Manufacturer Sunflower Plastic
Type styrene Dio. 5"
Slot/gauze .005 Length 70'
Set between 28 ft. and 98 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size ronge of material ¼-1/8"

9 Static water level:
20 ft. below land surfoce Date 6-14-75

10 Pumping level below land surfoces:
___ 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 ☒ capped Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 11 ft.

14 Nearest source of possible contamination: NONE
ft. _____ Direction _____ Type _____
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

Septic not installed at the time well was drilled.
No other apparent source for contamina- tion.

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.
Business name Harp Well & Pump License No. 236
Address Wichita, Kansas 67209
Signed [signature] Date 6-15-75
Authorized representative

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

Form WWC-5

677-H