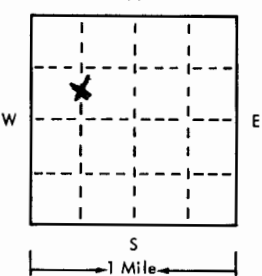


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Sedgwick	Township name Rockford	Fraction SW$\frac{1}{4}$ NW$\frac{1}{4}$	Section number 27	Town number 29S	Range number 2E
Distance and direction from nearest town or city: 1$\frac{1}{2}$ E. of Webb Rd. on 106th St. So. Wichita, Kansas				3 Owner of well: J.C. Cockrell 3006 South Volutsia Wichita, Kansas		
Locate with "X" in section below: 				4 Well depth: 73 ft. Date of completion 6-28-75 Well diameter 11 in.		
2 Type and color of material				5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
				6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐		
Dirt and Sandy top Soil				7 Casing: Material styrene Height: above/below 11' Threaded ☐ Welded ☐ Surface 12 in. Diam. 5 in. to 73 ft. depth! Drive shoe? ☐ Yes ☐ No _____ in. to _____ ft. depth!		
				8 Screen: Manufacturer Sunflower Plastic Type styrene Dia. 5" Slot/gauze 005 Length 33' Set between 40 ft. and 73 ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material 1-1/8"		
Sandy Clay				9 Static water level: 20 ft. below land surface Date 6-28-75		
Fine Sand and Clay				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.		
Medium Fine Sand				11 Water sample submitted: ☐ Yes ☐ No Date _____		
Soft Shale				12 Well head completion: capped ☐ Pitless adapter 12 ☒ inches above grade		
				13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ Depth: From 0 ft. to 11 ft.		
				14 Nearest source of possible contamination: Septic Tank ft. 70 Direction SE Type 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 ☐ Centrifugal ☐ Other		
(use a second sheet if needed)						
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. 67209 Address Wichita, Kansas Signed Dr. Ornell Date 6-30-75 Authorized representative		

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

Form WWC-5