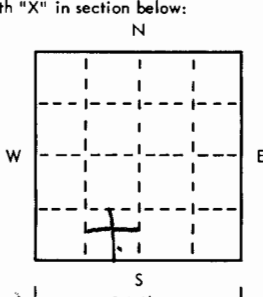
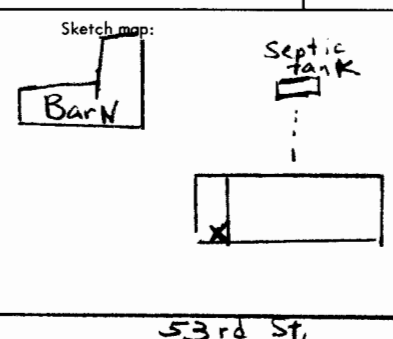


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Kechi	Fraction SE-SE-SW	Section number 16	Town number T-26-S	Range number RIW	
Distance and direction from nearest town or city: 1 mi. N. Wichita			3 Owner of well: Charles H. Littell Address: 750 W. 53rd. No. Wichita, Ks. 67204				
Street address of well location if in city:							
Locate with "X" in section below: 			Sketch map: 			4 Well depth: 30 ft. Date of completion 5-22-78 Well diameter 9 in.	
2 Type and color of material			From		To		
			black dirt		0	8	
			med. red sand		8	13	
			Coarse sand		13	14	
			water begins		14		
Con't coarse sand & sm. gravel		14	30				
8 Screen: Manufacturer Sunflower Type RMP Dia. 5 in. Slot/gauze .075 Length 10 ft. (Ten) Set between 20 ft. and 30 ft. Fittings: Gravel pack ☐ Yes ☒ No Size range of material			9 Static water level: 12 ft. below land surface Date 5-22-78				
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: 12 in. ☐ Pitless adapter ☒ Inches above grade			13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite Depth: From 0 ft. to 10 ft.				
14 Nearest source of possible contamination: ft. 65 Direction N. 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.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other				
16 Remarks: elevation Topography: ☐ Hill ☐ Slope ☒ Upland ☐ Valley in garage - Cemented in.			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. Whitchurch Well Serv. 309 Business name Maize License No. Address 520 James Signed Maize Date 5-22-78 Authorized representative				

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

Form WWC-5