

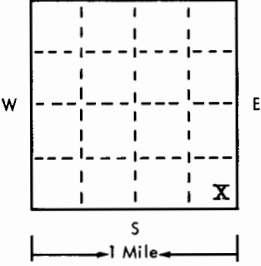
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

NE SW NE SW

1 Location of well:	County Sedgwick	Township name Park	Fraction SE 1/4 SE 1/4	Section number 35 1	Town number 27S 27	Range number 1W		
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: Lewis Paul 3033 Benjamin Ct. Address: Wichita, Kansas					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 52 ft. Date of completion 3-22-75 Well diameter 11 in.		
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
			Sandy Soil		0	5	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
			Fine sand		5	15	7 Casing: Material Styrene Height: above/below/ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. to 52 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth!	
			Medium sand		15	46	8 Screen: Manufacturer Sunflower Plastic Type Styrene Dia. 5" Slot/gauze .005 Length 20' Set between 32 ft. and 32 ft.	
			Shale		46	52	Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8"	
					9 Static water level: 20 ft. below land surface Date 3-22-75			
					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: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
					12 Well head completion: capped <input type="checkbox"/> Pitless adapter 12 <input checked="" type="checkbox"/> Inches above grade			
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to 12 ft.			
					14 Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
16 Remarks: elevation No apparent source for contamination.			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 Serv. 236 Business name Wichita, Kansas License No. 67209 Address Wichita, Kansas Signed Mary Arnold Date 3-25-75 Authorized representative					

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

Form WWC-5