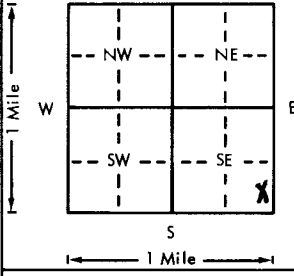


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

|                                                                                                                                          |  |                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                         |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Location of well:                                                                                                                     |  | County<br><b>Sedgwick</b>                                                                                                  | Fraction<br><b>1/4 SE 1/4SE 1/4</b> | Section number<br><b>1</b>                                                                                                                                                                                                                                                                                                              | Township number<br><b>T 27 S</b> | Range number<br><b>R 1 W</b>                                                                                                                                                                                                                                                                                                                                                                                       |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <b>2505 Benjamin Wichita, Kansas</b> |  |                                                                                                                            |                                     | 3. Owner of well: <b>Carson Rockhill</b><br>R.R. or street: <b>2505 Benjamin</b><br>City, state, zip code: <b>Wichita, Kansas</b>                                                                                                                                                                                                       |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4. Locate with "X" in section below:                                                                                                     |  | Sketch map:                                                                                                                |                                     | 6. Bore hole dia. <b>11</b> in. Completion date <b>7-12-76</b><br>Well depth <b>45</b> ft.                                                                                                                                                                                                                                              |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                          |  |                                                                                                                            |                                     | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5. Type and color of material                                                                                                            |  | From                                                                                                                       |                                     | To                                                                                                                                                                                                                                                                                                                                      |                                  | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                             |
| Sandy Topsoil                                                                                                                            |  | 0                                                                                                                          |                                     | 1                                                                                                                                                                                                                                                                                                                                       |                                  | 9. Casing: Material <b>styrene</b> Height: Above or below <b>12</b> in.<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>45</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>45</b> ft. depth Wall Thickness <b>1/8</b> in. or<br>Dia. <b>5</b> in. to <b>45</b> ft. depth gage No. <b>.200</b> |
| Sandy Soil                                                                                                                               |  | 1                                                                                                                          |                                     | 10                                                                                                                                                                                                                                                                                                                                      |                                  | 10. Screen: Manufacturer's name <b>Sunflower Plastic</b><br>Type <b>styrene</b> Dia. <b>5</b> in.<br>Slot <b>1/16</b> in. Length <b>20</b> ft.<br>Set between <b>25</b> ft. and <b>45</b> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8</b> in.                                                                                                                                                 |
| Fine Sand                                                                                                                                |  | 10                                                                                                                         |                                     | 20                                                                                                                                                                                                                                                                                                                                      |                                  | 11. Static water level: <b>18</b> ft. below land surface Date <b>7-12-76</b>                                                                                                                                                                                                                                                                                                                                       |
| Coarse Sand                                                                                                                              |  | 20                                                                                                                         |                                     | 25                                                                                                                                                                                                                                                                                                                                      |                                  | 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.                                                                                                                                                                                                                                      |
| Coarse Sand with Fine gravel mixed                                                                                                       |  | 25                                                                                                                         |                                     | 45                                                                                                                                                                                                                                                                                                                                      |                                  | 13. Water sample submitted: ____ mo./day/yr.<br>____ Yes ____ No Date ____                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                          |  |                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                         |                                  | 14. Well head completion: <b>12</b> capped<br>____ Pitless adapter ____ inches above grade                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                          |  |                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                         |                                  | 15. Well grouted? <b>yes</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>40</b> ft. to <b>14</b> ft.                                                                                                                                                                                                           |
|                                                                                                                                          |  |                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                         |                                  | 16. Nearest source of possible contamination: City <b>Wichita</b><br>ft. <b>68</b> Direction <b>Northwest</b> Sewer <b>Yes</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ No                                                                                                                                                                                                |
|                                                                                                                                          |  |                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                         |                                  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br>____ Submersible ____ Turbine<br>____ Jet ____ Reciprocating<br>____ Centrifugal ____ Other                                                                                                                       |
| 18. Elevation:                                                                                                                           |  | 19. Remarks: <b>Flat Ground</b><br><b>Well to be used for sprinkler system.</b><br><b>Pump not installed at this time.</b> |                                     | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Harp Well &amp; Pump 236</b><br>Business name License No.<br>Address <b>Wichita, Kansas</b><br>Signed <b>M. Arnold</b> Date <b>8-13-76</b><br>Authorized representative |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    |

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

Form WWC-5