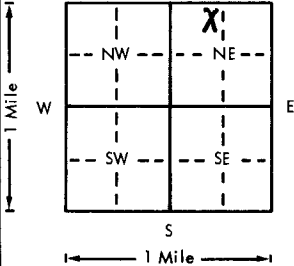


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

NE SW SW SE

1. Location of well:		County Sedgwick	Fraction 1/4 NW 1/4 NE 1/4	Section number 1	Township number T 27 S	Range number R 1 NW
2. Distance and direction from nearest town or city: Street address of well location if in city: 2900 Oriole Dr. Wichita, Kansas				3. Owner of well: H. J. Orrindgrebb R.R. or street: 2900 Oriole Drive City, state, zip code: Wichita, Kansas		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. 11 in. Completion date: 8-20-76 Well depth 45 ft.		
5. Type and color of material				7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
				8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☒ Lawn ☐ Oil field water ☐ Other		
				9. Casing: Material styrene Height: Above or below Threaded ☐ Welded ☐ Surface 12 in. RMP ☒ PVC ☐ Weight ☐ lbs./ft. Dia. 5 in. to 45 ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth Gage No. .200		
				10. Screen: Manufacturer's name Sunflower Plastic Type styrene Dia. 5" Slot/gauge 1/16 Length 20' Set between 25 ft. and 45 ft. Set ☐ ft. and ☐ ft. Gravel pack ☒ Size range of material 1/4-1/8"		
				11. Static water level: 18 ft. below land surface Date 8-20-76 mo./day/yr.		
(Use a second sheet if needed)				12. 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.		
				13. Water sample submitted: ____ mo./day/yr. ☐ Yes ☐ No Date ____		
				14. Well head completion: ☐ Pitless adapter 12 capped Inches above grade		
				15. Well grouted? ☒ yes With: ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft.		
				16. Nearest source of possible contamination: ft. 100 Direction East City Sewer Well disinfected upon completion? ☒ Yes ☐ No		
(Use a second sheet if needed)				17. 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		
				18. Elevation:		
				19. Remarks:		
				20. 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. Address Wichita, Kansas Signed M. Arnold Date 8-23-76 (Authorized representative)		
				Topography: ☐ Hill ☒ Slope ☐ Upland ☐ Valley		

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

Form WWC-5