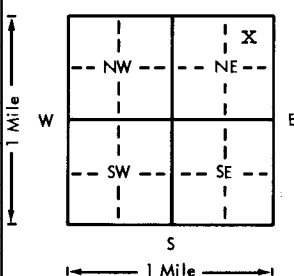


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County Sedgwick	Fraction NW NE NE NE 1/4 NE 1/4 NE 1/4	Section number 12	Township number T 27 S	Range number R 1W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 2609 Cornelison Wichita, Kansas			3. Owner of well: George Landis R.R. or street: 2609 Cornelison City, state, zip code: Wichita, Kansas			
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map: 6. Bore hole dia. 11 in. Completion date _____ Well depth 45 ft. 8-1-77			
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 gl Surface 12 in. RMP ☒ PVC _____ Weight _____ lbs./ft. Dia. 5 in. to 45 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. 200			
			10. Screen: Manufacturer's name _____ Sunflower Plastic Type Styrene Dia. 5" Slot 1/16" .06 Length 20' Set between 25 ft. and 45 ft. Gravel pack? yes Size range of material 1/4-1/8"			
			11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 8-1-77			
(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: Capped ☐ Pitless adapter 12 inches above grade			
			15. Well grouted? yes to 2 fine sand mix. With: ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft.			
			16. Nearest source of possible contamination: City ft. 75 Direction South Type Sewer Well disinfected upon completion? ☒ Yes ☐ No			
18. Elevation: Topography: ☐ Hill ☐ Slope ☐ Upland ☐ Valley			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			
			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 9-3-77 Authorized representative			
			19. Remarks: Flat Ground			

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

Form WWC-5