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

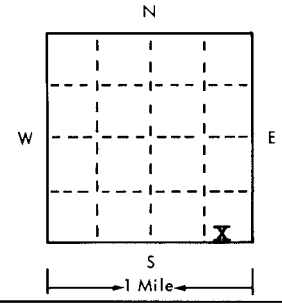
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Delano	SW SE¼ SE¼	14	27S	1W

Distance and direction from nearest town or city: Central & Daugherty
Street address of well location if in city: Wichita, Kansas

3 Owner of well: Automotive Supply
Address: 363 Northwest McLean
Wichita, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 47 ft. Date of completion 7-29-75
Well diameter 11 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ Rest Rooms

7 Casing: Material styrene Height above/below ////
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 5 in. to 47 ft. depth Weight ____ lbs./ft.
____ in. to ____ ft. depth Drive shoe? ☐ Yes ☐ No

2 Type and color of material	From	To
Sandy Soil	0	4
Clay	4	10
Medium Sand	10	47
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastic
Type styren Dia. 5"
Slot/gauze .005 Length 10'
Set between 37 ft. and 47 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼-1/8"

9 Static water level:
15 ft. below land surface Date 7-29-75

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:
☐ Yes ☐ No Date ____

12 Well head completion: capped
☐ Pitless adapter 12 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: NONE
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
Flat Ground
No source for contamination apparent.

Topography:
☐ Hill
☐ Slope
☐ Upland
☐ Valley

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 236
Business name License No.
Address Wichita, Kansas 67209
Signed M Arnold Date 7-30-75
Authorized representative

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

Form WWC-5

677-H