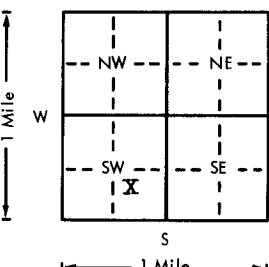


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82g-1201-1215

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

1. Location of well: Sedgwick		Fraction 1/4 SE 1/4 SW 1/4		Section number 16		Township number T 27 S R 1W E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city: 861 North Socora Wichita, Kansas				3. Owner of well: St. Francis Church R.R. or street: 861 North Socora City, state, zip code: Wichita, Kansas 67212			
4. Locate with "X" in section below: 		Sketch map:		6. Bore hole dia. 11 in. Completion date 5-6-77 Well depth 80 ft.			
5. Type and color of material		From		To		7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
Topsoil		0		3		8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☒ Lawn ☐ Oil field water ☐ Other	
Clay		3		20		9. Casing: Material Styrene Height: Above or below Threaded ☐ Welded ☐ Surface 12 in. RMP ☒ PVC ☐ Weight 12 lbs./ft. Dia. 5 in. to 80 ft. depth Wall Thickness: inches or Dia. 5 in. to 80 ft. depth gage No. 200	
Fine Sand		20		30		10. Screens: Manufacturer's name Sunflower Plastic Type Styrene Dia. 5" Slot/gauze 06 Length 30 Set between 50 ft. and 80 ft. Gravel pack? yes Size range of material 1-1/8"	
Medium Sand		30		38		11. Static water level: 30 ft. below land surface Date 5-6-77 mo./day/yr.	
Fine Sand		38		80		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: 12 Capped ____ Pitless adapter ____ 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: City Sewer ft. 300 Direction North Type Sewer Well disinfected upon completion? ☒ Yes ____ No ____	
						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: Well to be used for Sprinkler system only.		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 Wichita, Kansas License No. ____ Address M. Arnold Signed M. Arnold Date 5-6-77 Authorized representative			

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

Form WWC-5