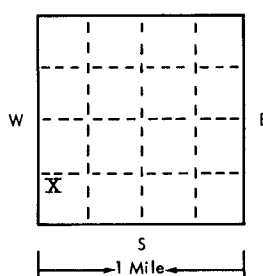


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Sedgwick</b>	Township name <b>Delano NW NW</b>	Fraction <b>SW 1/4 SW 1/4</b>	Section number <b>17</b>	Town number <b>27S</b>	Range number <b>1W</b>		
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: RD. Address:					
<b>832 North Maize Wichita, Kansas</b>			<b>Ray Staats Construction 11529 Valley High Drive Wichita, Kansas 67209</b>					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>75</b> ft. Date of completion <b>1-14-75</b> Well diameter <b>11</b> in.		
2 Type and color of material			From			To		
			<b>Dirt and clay</b>			<b>0 32</b>		
			<b>Fine sand</b>			<b>32 50</b>		
			<b>Medium coarse with some fine gravel</b>			<b>50 75</b>		
						5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
						6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____		
						7 Casing: Material <b>Styrene</b> <input type="checkbox"/> Not installed above/below Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Digm. <b>5</b> in. to <b>75</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
						8 Screen: Manufacturer <b>Sunflower</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze <b>.050</b> Length <b>15'</b> Set between <b>60</b> ft. and <b>75</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4 - 1/8"</b>		
						9 Static water level: <b>30</b> ft. below land surface Date <b>1-14-75</b>		
						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: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
						12 Well head completion: <b>capped</b> <input checked="" type="checkbox"/> Pitless adapter <b>12</b> <input checked="" type="checkbox"/> Inches above grade		
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to <b>12</b> ft.		
						14 Nearest source of possible contamination: ft. <b>75</b> Direction <b>East</b> Type <b>Septi tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Sta-Rite</b> Model number <b>LP6D2</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>50</b> ft. capacity <b>20</b> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation						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. <b>Harp Well &amp; Pump Serv. 236</b> Business name <b>Wichita, Kansas</b> License No. _____ Address _____ Signed: <b>Gary Arnold</b> 1-21-75 Authorized representative		

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

Form WWC-5