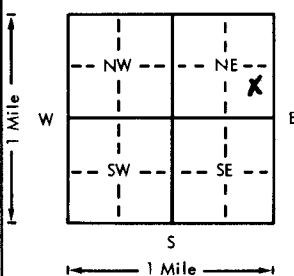


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Billed To: Twenty First Electric

1. Location of well:	County Sedgwick	Fraction 1/4 SE 1/4 NE 1/4	Section number 26	Township number T 27 S	Range number R 1 W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
510 S. Florence Wichita, Kansas			Band Publishing Company 510 South Florence Wichita, Kansas 67209		
4. Locate with "X" in section below: N Sketch map: 			6. Bore hole dia. 11 in. Completion date 11-1-76 Well depth 45 ft.		
5. Type and color of material			7. Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
Sandy Soil			8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other		
Clay			9. Casing: Material styrene Above or below: Threaded ☐ Welded ☐ Surface ☐ Dia. 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		
Medium Sand			10. Screen: Manufacturer's name Sunflower Plastic Type styrene Dia. 5" Slot 1/4" Length 10' Set between 35 ft. and 45 ft. Set between ☐ ft. and ☐ ft. Gravel pack? yes Size range of material 1-1/8"		
			11. Static water level: 15 ft. below land surface Date 11-1-76 mo./day/yr.		
			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 ft. 50 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:			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 11-3-76 Authorized representative		
19. Remarks: Flat Ground					

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

Form WWC-5