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

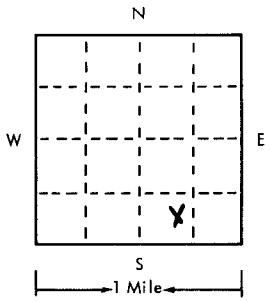
NE SE NE SW

| 1 Location of well: | County | Township name | Fraction | Section number | Town number | Range number |
|---|---|---|---|---|---|---|
| | Sedgwick | Delano | SW¼ SE¼ | 26 | 27S | 1W |

Distonce and direction from nearest town or city: 1311 S. Anna
Street address of well location if in city: Wichita, Kansas

3 Owner of well: Decker Construction
Address: 1655 South West Street
Wichita, Kansas

Locate with "X" in section below:




Sketch map:

4 Well depth: 56 ft. Date of completion 5-22-75
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 ☐ _____

7 Casing: Material styrene Height: above/below ///
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 5 in. to 56 ft. depth Weight _____ lbs./ft.
_____ in. to _____ ft. depth Drive shae? ☐ Yes ☐ No

| 2 Type and color of material | From | To |
|---|---|---|
| Dirt and Sandy Loam | 0 | 2 |
| Clay | 2 | 8 |
| Fine Sand | 8 | 30 |
| Medium Sand | 30 | 56 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (use o second sheet if needed) | | |

8 Screen:
Manufacturer Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .005 Length 10'
Set between 46 ft. and 56 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1-1/8"

9 Static water level:
15 ft. below land surface Date 5-22-75

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 abave 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 apparent source for contamination.

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 af my knowledge and belief.
Harp Well & Pump 236
Business name License No.
Address Wichita, Kansas
Signed M. Arnold Date 5-23-75
Authorized representative

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

Form WWC-5

677-H