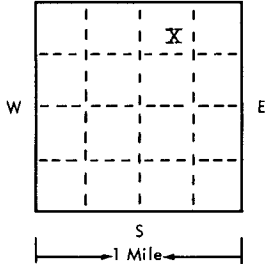


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

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</b>	Fraction <b>SE 1/4 NW 1/4 NE 1/4</b>	Section number <b>29</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: Address:			
<b>445 Keith Wichita, Kansas</b>			<b>Andrian Derousseau 445 Keith Wichita, Kansas 67209</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>105'</b> ft. Date of completion: <b>3-26-75</b> Well diameter <b>11</b> in.
2 Type and color of material			From	To	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	
<b>Dirt and Sandy Soil</b>			<b>0</b>	<b>15</b>	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"/>	
<b>Sand and Clay Balls</b>			<b>15</b>	<b>30</b>	7 Casing: Material <b>Styrene</b> Height: 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>105</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>5</b> in. to <b>105</b> ft. depth	
<b>Fine Sand</b>			<b>30</b>	<b>80</b>	8 Screen: Manufacturer <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze <b>.005</b> Length <b>10'</b> Set between <b>95</b> ft. and <b>105</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4-1/8"</b>	
<b>Coarse Sand and Fine Gravel</b>			<b>90</b>	<b>105</b>	9 Static water level: <b>32</b> ft. below land surface Date <b>3-27-75</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 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 <b>0</b> ft. to <b>13</b> ft.	
					14 Nearest source of possible contamination: <b>Septic tank</b> ft. <b>100</b> Direction <b>SW</b> Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. Type: <input 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 <b>Flat Ground</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <b>Harp Well &amp; Pump, Inc. 236</b> Business name <b>Wichita, Kansas 67209</b> License No. ____ Address <b>Wichita, Kansas 67209</b> Signed <b>Mrs. Arnell</b> Date <b>3-27-75</b> Authorized representative	

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

Form WWC-5