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

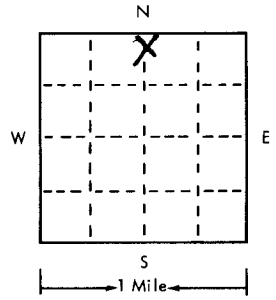
Kansas State Dept. Of Health
(Water Well Contractars)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Delano	CN½N½N½	30	27S	1W

Distance and direction from nearest town or city: 331 Shefford
Street address of well location if in city: Wichita, Kansas

3 Owner of well: H. W. Keys Building Company
Address: 301 Shefford
Wichita, Kansas 67209

Locate with "X" in section below:



Sketch map:

4 Well depth: 150 ft. Date of completion 4-25-75
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 150 ft. depth Weight ____ lbs./ft.
____ in. to ____ ft. depth Drive shoe? ☐ Yes ☐ No

2 Type and color of material	From	To
Dirt and Clay	0	18
Sand	18	65
Dark Clay	65	120
Sandy Clay	120	130
Sand Medium	130	150
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastic
Type Styrene Dia. 5"
Slot/gauze .005 Length 10'
Set between 140 ft. and 150 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼-1/8"

9 Static water level:
25 ft. below land surface Date 4-25-75

10 Pumping level below lond 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:
☒ Pitless adapter 12 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 12 ft.

14 Nearest source of possible contamination: NONE
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☐ [redacted]
Manufacturer's name [redacted]
Model number [redacted] HP [redacted] Volts [redacted]
Length of drop pipe ____ ft. capacity [redacted] g.p.m.
Type:
[redacted] Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation
Flat Ground
No apparent source for contamination except for sanitary sewer 50' West
Pump Not Installed at this time.

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 of my knowledge and belief.
Harp Well & Pump Serv. License No. 236
Business name
Address Wichita, Kansas 67209
Signed [signature] Date 5-3-75
Authorized representative

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

Form WWC-5

677-H