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

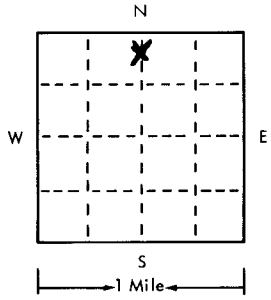
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Delano	CN1/2N1/2N1/2	30	27S	1W

Distance and direction from nearest town or city: 351 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: 157 ft. Date of completion 4-25-75
Well diameter 11 in.

5 ☐ Coble 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 157 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	3
Sandy Clay	3	21
Fine Sand	21	30
Medium Sand	30	55
Clay	55	115
Fine Sand	115	135
Coarse Sand	135	157
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastic
Type Styrene Dia. 5"
Slot/gauze .005 Length 12
Set between 145 ft. and 157 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4-1/8"

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

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:
☐ 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:
ft. 50 Direction West Type Sanitary Sewer
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name [redacted]
Model number [redacted] HP [redacted] Vol. [redacted]
Length of drop pipe ___ ft. capacity [redacted] g.m.p.
Type:
[redacted]mersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Flat Ground

No apparent source for contamination except for sanitary [redacted] 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.
Business name Harp Well & Pump Serv. License No. 236
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