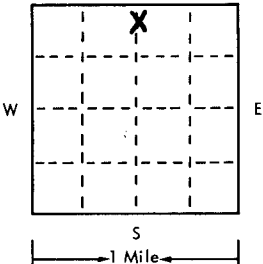


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Sedgwick	Township name Delano	Fraction N 1/4 N 1/4 E	Section number 30	Town number 27S	Range number 1W	
Distance and direction from nearest town or city: 360 Shefford			3 Owner of well: Al Mc Ginnis Inc.				
Street address of well location if in city: Wichita, Kansas			Address: P.O.Box 351 Colwich, Kansas 67030				
Locate with "X" in section below: 			Sketch map:			4 Well depth: 157 ft. Date of completion 4-26-75 Well diameter 11 in.	
2 Type and color of material			From			To	
			Dirt with Clay			0	3
			Sandy Clay			3	20
			Fine Sand			20	30
			Medium Coarse Sand			30	40
			Clay			40	110
			Fine Sand			110	137
Coarse Sand and Fine gravel			137	157			
(use a second sheet if needed)						6 Screen: Sunflower Plastic Manufacturer Styrene Dia. 5" Type Styrene Dia. 5" Slot/gauze 005 Length 20' Set between 137 ft. and 157 ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material 1-1/8"	
						9 Static water level: 25 ft. below land surface Date 4-26-75	
						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: Sanitary ft. 50 Direction East Type Sewer Well disinfected upon completion? ☒ Yes ☐ No	
						15 Pump: ☐ Not installed Manufacturer's name Sta-Rite Model number LP6D2 HP 3/4 Volts 230 Length of drop pipe 50 ft. capacity 20 g.m.p. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other	
16 Remarks: elevation Flat ground						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. 236 Business name 215 South Tyler Road License No. ____ Address 215 South Tyler Road Signed Mary Onell Date 5-14-75 Authorized representative	

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

Form WWC-5