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	Ronge number
	Sedgwick	Afton	NENW SE	23	28S	3W

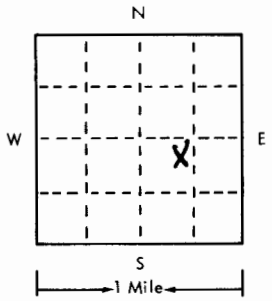
Distance and direction from nearest town or city: #4 South Lakeview

Street address of well location if in city: Goddard, Kansas

3 Owner of well: Earl Alexander

Address: 3427 West 11th Wichita, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 118 ft. Date of completion 4-11-75
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 118 ft. depth Weight ____ lbs./ft.
____ in. to ____ ft. depth Drive shoe? ☐ Yes ☐ No

2 Type and color of material	From	To
Dirt and Redish Sandy Soil	0	3
Clay	3	7
Sand	7	20
Blue Shale	20	118
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastic
Type Styrene Dia. 5"
Slot/gauze .005 Length 90'
Set between 28 ft. and 118 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4-1/8"

9 Static water level:
25 ft. below land surface Date 4-11-75

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 ☒ capped 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. 75 Direction North Type Septic
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

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 License No. 236
Address Wichita, Kansas 67209
Signed Mary Arnold Date 4-14-75
Authorized representative

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

Form WWC-5

677-H