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

2	2	6	E	9			
T		R	EW	sec 1/4 1/4 1/4 No.			

WATER WELL RECORD
KSA 82a-1201-1215

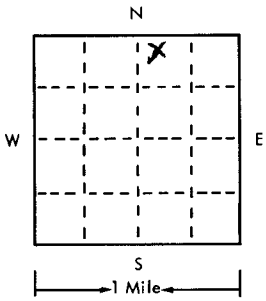
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Chase	Cedar	W½ NE¼	9	22	6E

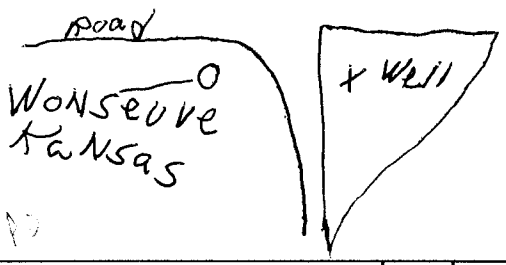
Distance and direction from nearest town or city: 1 Block east
Street address of well location if city: of Wonseuve Ks

3 Owner of well: Harold F Kind
Address: 3110 N. Sedgwick Wichita, Kansas 67204

Locate with "X" in section below:



Sketch map:



4 Well depth: 78 ft. Date of completion 7/30
Well diameter 9 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 Plastic Height: above/below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 5 in. to 78 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

8 Screen: Plastic
Manufacturer Sunflower
Type Saw Slot Dia. 5"
Slot/gauze 16" Length 30'
Set between 38 ft. and 68 ft.
Fittings: 3/8 x 5/8
Gravel pack ☒ Yes ☐ No Size range of material ___

2 Type and color of material	From	To
Top Soil	0	5
Red Clay	5	15
Flint Rock	15	18
Hard Gray Shale	18	50
Blue white Red and.	50	53
Brown Water Gravel		
Hard Gray Shale	53	78
(use a second sheet if needed)		

9 Static water level:
16 ft. below land surface Date 7/30

10 Pumping level below land surface:
16 ft. after 3 hrs. pumping 20 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 30 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 0 ft. to 15 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
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.
Sellers Drilling 270
Business name License No.
Address
Signed Robert Sellers Date 8/15/75
Authorized representative

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

Form WWC-5

677-H