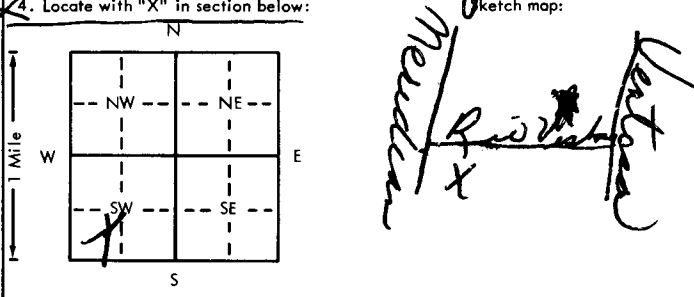


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

SE SW SW SW

1. Location of well: <u>Scottdale</u>		County: <u>SE SW SW SW</u>	Section number: <u>7</u>	Township number: <u>T 24 S</u>	Range number: <u>R 1 E/W</u>
2. Distance and direction from nearest town or city: <u>2 1/2 m S.</u>		3. Owner of well: <u>Jim Sutter</u>			
Street address of well location if in city: <u>Valley Center</u>		R.R. or street: <u>3327 Rip Vista</u>			
4. Locate with "X" in section below:		City, state, zip code: <u>Wichita KS</u>			
		6. Bore hole dia. <u>8</u> in. Completion <u>June 14 79</u> Well depth <u>30</u> ft.			
5. Type and color of material		7. <u>Rotary</u> Cable tool <u>Driven</u> Dug <u>Jetted</u> Hollow rod <u>Bored</u> Reverse rotary			
		8. Use: <u>Domestic</u> Public supply Industry <u>Irrigation</u> Air conditioning Stock <u>Lawn</u> Oil field water Other			
		9. Casing: <u>Galvanized</u> Height: Above or below Threaded <u>Welded</u> Surface <u>12</u> in. RMP <u>PVC</u> Weight <u>100</u> lbs./ft. Dia. <u>4</u> in. to <u>30</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>30</u> ft. depth gage No. <u>120</u>			
		10. Screen: Manufacturer's name <u>Sumplower</u> Type <u>100</u> Dia. <u>4</u> Slot/gauze <u>slot</u> Length <u>30</u> Set between <u>25</u> ft. and <u>30</u> ft. Gravel pack? <u>No</u> Size range of material _____			
		11. Static water level: <u>16</u> ft. below land surface Date <u>6/19/79</u>			
		12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>5</u> g.p.m.			
		13. Water sample submitted: ____ ma./day/yr. Yes <u>No</u> Date _____			
		14. Well head completion: ____ Pitless adapter <u>12</u> Inches above grade			
		15. Well grouted? <u>Yes</u> With: <u>Neat Cement</u> Bentonite Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.			
		16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>W</u> Type <u>sewer</u> Well disinfected upon completion? <u>Yes</u> No			
		17. Pump: <u>Not installed</u> Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: ____ Submersible ____ Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ Other			
18. Elevation:		20. 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. <u>Get Drilling</u> 3/3A Business name _____ License No. _____ Address <u>257 N Salun</u> Signed <u>Virginia Carlson</u> Date <u>June 24</u> Authorized representative			
19. Remarks:					

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5