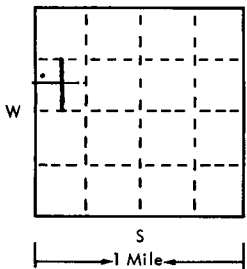
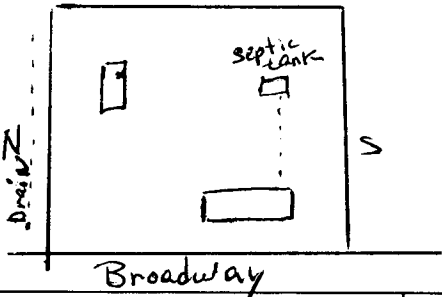


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Kechi | Fraction NW-SW-NW | Section number 16 | Town number T-26-S | Range number R1E | |
| Distance and direction from nearest town or city: Street address of well location if in city: 5860 No. Broadway Wichita, Kans. | | | 3 Owner of well: Roy Bromley Address: 301 N. Ash Valley Center, Kans. 67147 | | | | |
| Locate with "X" in section below:  | | | Sketch map:  | | | 4 Well depth: 30 ft. Date of completion 5-28-76 Well diameter 10 in. | |
| 2 Type and color of material | | | From | | To | | |
| | | | black clay | | 0 | 10 | |
| | | | fine sand | | 10 | 12 | |
| | | | sandy clay | | 12 | 15 | |
| | | | fine red sand | | 15 | 20 | |
| corse sand | | | 20 | 28 | | | |
| | | | | | 8 Screen: Manufacturer Sunflower Type RMP Dia. 6" Slot/gauze .075 Length 2' Set between 20 ft. and 30 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____ | | |
| | | | | | 9 Static water level: 10 ft. below land surface Date 5-28-76 | | |
| | | | | | 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| | | | | | 12 Well head completion: 24 <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade | | |
| | | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft. | | |
| | | | | | 14 Nearest source of possible contamination: Septic ft. 75 Direction So. Type Tank Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity ____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| 16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> 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. Whitchurch Well Service 309 Business name _____ License No. _____ Address 520 James St. Maize Signed [Signature] Date 5-27-76 Authorized representative | | | | |

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

Form WWC-5