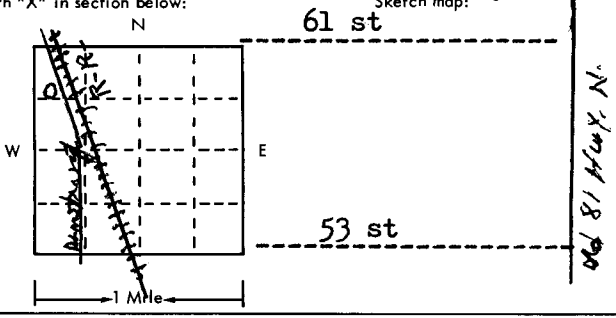


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SE NW SW NW 1/4 1/4	Section number 17	Town number 26	Range number 1E
Distance and direction from nearest town or city: 1 1/2 mi. N. of Wichita, Ks				3 Owner of well: John Rogers (Rogers Nursery) Address: 3500 N Hillside, Wichita, Ks.		
Street address of well location if in city: 5925 N. Armstrong						
Locate with "X" in section below: 				4 Well depth: 38 ft. Date of completion 4-30-75 Well diameter 12 in.		
2 Type and color of material				5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material RMP Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 6 in. to 38 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6 in. to 38 ft. depth		
				8 Screen: Manufacturer J&L Type RMP Dia. 6" Slot/gauze 00375 Length 15' Set between 23 ft. and 38 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/8		
				9 Static water level: 15 ft. below land surface Date 4-30-75		
				10 Pumping level below land surfaces: 15 ft. after 1 hrs. pumping 60 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 300 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 4-30-75		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input 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 10 ft. to 4 ft. BGL		
				14 Nearest source of possible contamination: ft. 300 Direction E Type septic Well disinfected upon completion? <input checked="" 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.p.m. 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		
(use a second sheet if needed)						
16 Remarks: elevation Aprox 1325 GL Back fill, Disinfected and cement cap 2 abandoned 6" irrigation Wells with-in 10 Ft. of new Well. Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						
17 Water well contractor's certification: 135A This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Wilkinson Well Drilling 135 Business name _____ License No. _____ Address 1028 Ida, Wichita, Ks. Signed T. C. Wilkinson Date 4-4-75 Authorized representative						

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

Form WWC-5