

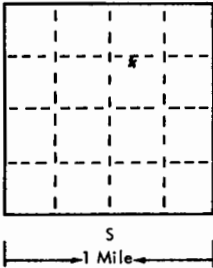
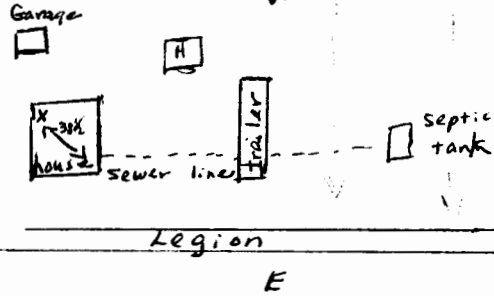
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

NE SW SW NE

1 Location of well:	County Sedgwick	Township name Kechi	Fraction SW-NE-NE	Section number 18	Town number T-265	Range number R1E
Distance and direction from nearest town or city: 5855 Legion			3 Owner of well: C.L. Hoffine			
Street address of well location if in city: Wichita, Kans.			Address: 5855 Legion Wichita, Kans.			
Locate with "X" in section below: 		Sketch map: 		4 Well depth: 36 ft. Date of completion 1-13-76 Well diameter 10 in.		
2 Type and color of material		From To		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
				6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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 13 in. Diam. 6 in. to 26 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6 in. to 26 ft. depth		
				8 Screen: Manufacturer Sunflower Type RMP Dia. 6 Slot/gauze .075 x 2 Length 13 Set between 2 ft. and 36 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material 1/4		
basement to		0 8		9 Static water level: 12 ft. below land surface Date 1-12-76		
brown clay		8 11		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.		
fine red sand		11 31		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
course sand		31 36		12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 13 in. 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: Sewer ft. 38 1/2 Direction NE Type line 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.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				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 304 Business name _____ License No. _____ Address 520 James St. Maize KS Signed James Whitchurch Date 2-8-76 Authorized representative		

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

Form WWC-5