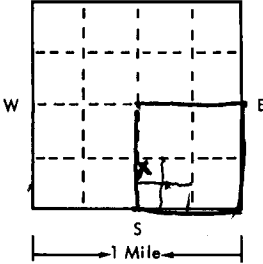


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Sedgwick</u>	Township name <u>Kechi</u>	Fraction <u>NW SW SE</u>	Section number <u>30</u>	Town number <u>26</u>	Range number <u>1 E</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>June obley</u>		
Street address of well location if in city: <u>3821 Woodrow</u>				Address: <u>3821 Woodrow</u>		
Locate with "X" in section below: 				Sketch map:		
2				4 Well depth: <u>30</u> ft. Date of completion <u>8-15</u> Well diameter <u>5</u> in.		
Type and color of material				5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input checked="" 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		
From To				6 Use: <input 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 checked="" type="checkbox"/> <u>Low water</u>		
Top Soil				7 Casing: Material <u>5</u> in. to <u>12</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Weight <u>2.38</u> lbs./ft.		
Sand				8 Screen: <u>Johnson</u> Type <u>Slot</u> gauge <u>#10</u> Length <u>24</u> ft. and <u>30</u> ft. <u>X</u> Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <u> </u>		
				9 Static water level: <u>17</u> ft. below land surface Date <u>8-15-75</u>		
				10 Pumping level below land surfaces: <u>17</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>30</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> <input checked="" type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> <u> </u> Depth: From <u>0</u> ft. to <u>12</u> ft.		
				14 Nearest source of possible contamination: ft. <u>90</u> Direction <u>NE</u> Type <u>Sewer</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Dempster</u> Model number <u>DPM</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>31</u> ft. capacity <u>20</u> g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(use a second sheet if needed)						
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. <u>21st Electric Inc</u> <u>129</u> Business name <u>512 W 21st</u> License No. Address <u>6 E Hann</u> Signed <u> </u> Date <u>8-28</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5