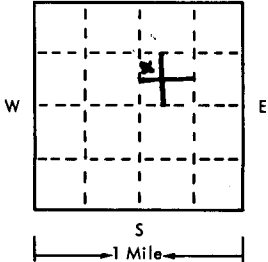
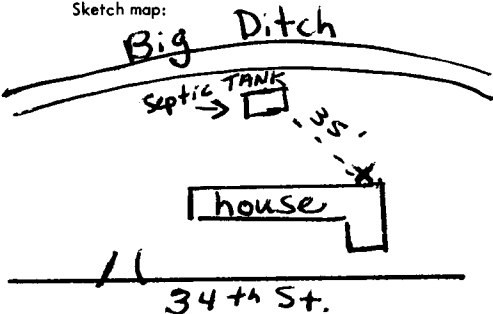


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Wichita	Fraction NW-SW-NE	Section number 31	Town number T-26-S	Range number R1E		
Distance and direction from nearest town or city: Street address of well location if in city: 1720 W. 34th St. No.			3 Owner of well: George R. Watson Address: 1720 W. 34th St. No. Wichita, Kans.					
Locate with "X" in section below: 			Sketch map: 			4 Well depth: 38 ft. Date of completion 9-10-76 Well diameter 10 in.		
2 Type and color of material			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. Diameter 6 in. Weight 200 lbs./ft. 6 in. to 28 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
			8 Screen: Sunflower Manufacturer RMP Dia. 6 Type RMP Slot/gauze 0.75 Length 3 Set between 28 ft. and 38 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material					
medium sand			From 0 To 10			9 Static water level: 20 ft. below land surface Date 8-26-76		
med. red sand			From 10 To 20			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.		
gray clay			From 20 To 22			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
coarse sand			From 22 To 38			12 Well head completion: 13 in. <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: sewer ft. 35 Direction west Type line 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		
(use a second sheet if needed)								
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input 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 520 James St License No. Address magu Kan Date 9-30-76 Signed [Signature]					

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

Form WWC-5