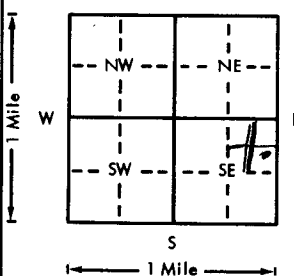


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County <u>Sedgwick</u>	Fraction <u>SE 1/4 NE 1/4 SE 1/4</u>	Section number <u>27</u>	Township number <u>T 27</u>	Range number <u>S R 1</u>	<u>EW</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>3117 Aloma</u>				3. Owner of well: <u>G. Lynn Compton</u> R.R. or street: <u>3117 Aloma</u> City, state, zip code: <u>Wichita KS 67211</u>			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>2</u> in. Completion date <u>2-23-77</u> Well depth <u>22</u> ft.			
5. Type and color of material		From		To		7. <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	
						8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
						9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>E10</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>6</u> in. to <u>0</u> ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>22</u> ft. depth gage No. <u>232</u>	
						10. Screen: Manufacturer's name <u>Sunflower mfg. Co</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>3/16</u> Length <u>5'</u> Set between <u>17</u> ft. and <u>22</u> ft. ft. and <u> </u> ft. Gravel pack? <u>No</u> Size range of material <u> </u>	
						11. Static water level: <u>10</u> ft. below land surface Date <u>2-23-77</u> mo./day/yr.	
(Use a second sheet if needed)						12. Pumping level below land surfaces: <u>10</u> ft. after <u>1</u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.	
						13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>	
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
						15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. <u>MNS</u>	
						16. Nearest source of possible contamination: <u>sump</u> ft. <u>30</u> Direction <u>EAST</u> Type <u>PUMP</u> Well disinfected upon completion? <u>yes</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(Use a second sheet if needed)						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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	
						18. Elevation:	
						19. Remarks: <u>well in Basement</u>	
						20. 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>Protheroe Protheroe 295</u> Business name <u>827 W. 27th St.</u> License No. <u> </u> Address <u>Alma Protheroe</u> Date <u>2-23-77</u> Signed <u> </u> Authorized representative	
						Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5