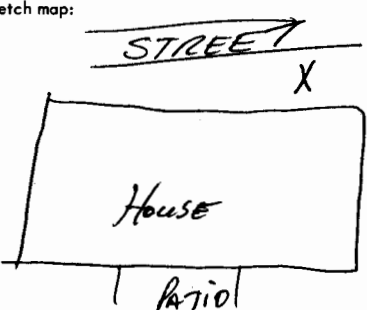


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SEDGEMICK	Township name WICHITA	Fraction N 1/4 S 1/4 NW 1/4	Section number 7	Town number 27	Range number 1E
Distance and direction from nearest town or city: Street address of well location if in city: 2235 W. 18th.			3 Owner of well: JMS. H. SOPER Address: 2235 W. 18th. WICHITA, KS.			
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: 40 ft. Date of completion 3-30-77 Well diameter 8 in.		
2 Type and color of material		From		To		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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> LAWN & GARDEN
						7 Casing: Material STEEL Height 12 in. above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 5 in. to 40 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						8 Screen: Manufacturer Y & L Type 200 Dia. 5" Slot/gauze .065 Length 10' Set between 36 ft. and 40 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material
						9 Static water level: 12 ft. below land surface Date 3-30-77
				10 Pumping level below land surfaces: 12 ft. after 2 hrs. pumping 10 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 50 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" inches above grade		
				13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From ____ ft. to ____ ft.		
				14 Nearest source of possible contamination: ft. 30 Direction N. Type SEWER Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Dempster Model number DA 250 HP 3 Volts 230 Length of drop pipe 35 ft. capacity 15 g.p.m. Type: <input checked="" 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		Customer to grant well signature on file		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. 2157 Charles 129 Business name License No. Address 512 W. 21st Signed J. H. Huns Date 4-18-77 Authorized representative		

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

Form WWC-5