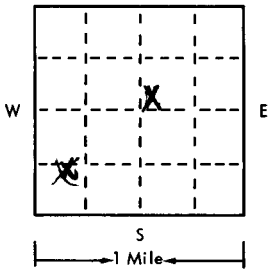


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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	Fraction <u>SW of NE 1/4</u>	Section number <u>7</u>	Town number <u>T27S</u>	Range number <u>R4E</u>
Distance and direction from nearest town or city: <u>In Wichita</u>				3 Owner of well: <u>Twin Lakes Apartments</u>		
Street address of well location if in city: <u>1828 W 18th</u>				Address: <u>Box 4048</u> <u>Wichita, Kansas 67204</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>38</u> ft. Date of completion <u>5/27/75</u> Well diameter <u>8 3/4</u> in.		
				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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well		
				7 Casing: Material <u>PVC</u> Height: above/ <u>12</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>6</u> in. Weight _____ lbs./ft. _____ <u>5</u> in. to <u>29</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
2		Type and color of material	From	To	8 Screen: <u>PVC - Certinteed</u> Manufacturer <u>PVC</u> Dia. <u>5"</u> Type <u>PVC</u> Slot/gauze <u>Saw</u> Length <u>9'</u> Set between <u>29</u> ft. and <u>38</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/4</u>	
		Top soil - Fill	0	2	9 Static water level: <u>10.5</u> ft. below land surface Date <u>5-20-75</u>	
		Brown clay	2	5	10 Pumping level below land surfaces: <u>15.8</u> ft. after <u>1</u> hrs. pumping <u>75</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.	
		Fine to coarse sand	5	28	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		Blue silt	28	29	12 Well head completion: <u>Sanitary Seal</u> <input type="checkbox"/> Pitless adapter <u>12 1/2</u> inches above grade	
		Med. to coarse sand & gravel - loose	29	38	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 <u>3</u> ft. to <u>13</u> ft.	
		Yellow - tan clay	38	39	14 Nearest source of possible contamination: ft. <u>130</u> Direction <u>SW</u> Type <u>Sewer line</u> 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				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>Layne-Winters Co., Inc. 102</u> Business name _____ License No. _____ Address <u>1011 West Huron St. Wichita, Ks.</u> Signed <u>[Signature]</u> Date <u>5/27/75</u>		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5