

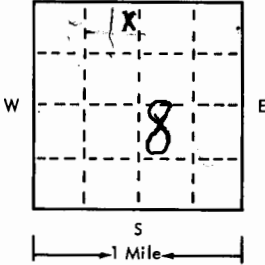
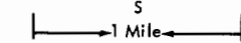
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

NENENW

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 SEGEWICK	Township name Wichita	Fraction NW SE NW	Section number 8	Town number 27	Range number 1E
Distance and direction from nearest town or city:				3 Owner of well: OLIVER LEE 2058 ARKANSAS Address: WICHITA, KS.		
Street address of well location if in city: 2058 ARKANSAS						
Locate with "X" in section below:  Sketch map: 				4 Well depth: 24 ft. Date of completion: 6-26-75 Well diameter 5 in.		
2 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		
				6 Use: <input checked="" 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 water		
From To				7 Casing: Material Steel Height: (above) below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 15 in. Diam. 5 in. to 15 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.25 in. to 24 ft. depth		
				8 Screen: Manufacturer Johnson Type Steel Dia. 1 1/4" Slot/gauze #10 Length 3' Set between 21 ft. and 24 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____		
(use a second sheet if needed)				9 Static water level: 15 ft. below land surface Date 6-26-75		
				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 30 g.p.m.		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter 15 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 15 ft.		
				14 Nearest source of possible contamination: ft. 60 Direction NORTH Type SEWER Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts 110 Length of drop pipe _____ ft. capacity _____ 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		
				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. 21ST ELECTRIC 129 Business name License No. Address 512 W. 21ST Signed John R. Blum Date 7-10-75 Authorized representative		

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

Form WWC-5