

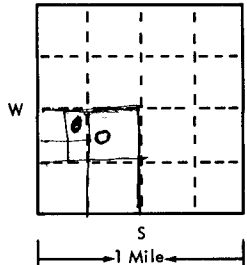
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

NW SW NE SE

1 Location of well:	County <u>Sedgwick</u>	Township name <u>Wichita</u>	Fraction <u>NE 1/4</u> <u>NW 1/4</u> <u>SW 1/4</u>	Section number <u>20</u>	Town number <u>T 27S</u>	Range number <u>R 1E</u>
Distance and direction from nearest town or city:			3 Owner of well: <u>Mr. Mueller</u>			
Street address of well location if in city: <u>702 W Douglas</u>			Address: <u>8917 HARVEST Unit #202</u>			
Locate with "X" in section below: N  S 1 Mile			Sketch map: <u>NE 1/4 of the</u> <u>NW 1/4 of the</u> <u>SW 1/4 of</u>			4 Well depth: <u>28</u> ft. Date of completion <u>5-13-75</u> Well diameter <u>2"</u> in. <u>Bore Hole</u> 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 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 checked="" type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____ 7 Casing: Material <u>Iron</u> Height: above/below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>1 1/4</u> in. to <u>28</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>1 1/4</u> in. to _____ ft. depth
2 Type and color of material			From	To	8 Screen: Manufacturer <u>Midwest</u> Type <u>Sand pt.</u> Dia. <u>1 1/4</u> Slot/gauze <u>60</u> Length <u>4'</u> Set between <u>24</u> ft. and <u>28</u> ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____ 9 Static water level: _____ ft. below land surface Date _____ 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. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> <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 <u>0</u> ft. to <u>12</u> ft. 14 Nearest source of possible contamination: <u>CITY</u> ft. <u>35'</u> Direction <u>North</u> Type <u>sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Dura</u> Model number _____ HP <u>1/2</u> Volts <u>115</u> Length of drop pipe <u>28</u> ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(use a second sheet if needed)						
16 Remarks: elevation			17 Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley <u>Grade Basement</u>			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Protheroe Pump & Well</u> Business name _____ License No. _____ Address <u>827 W 27th St</u> <u>295</u> Signed <u>Alexander Protheroe</u> Date <u>5-18-75</u> Authorized representative			

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

Form WWC-5