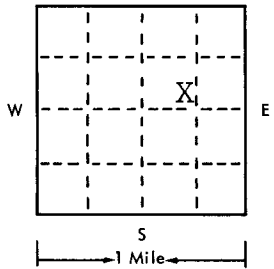


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:		County <b>SEDGWICK</b>	Township name <b>WICHITA</b>	Fraction <del>XXXXXX</del> <b>SE 1/4 SW 1/4 NE 1/4</b>	Section number <b>20</b>	Town number <b>T-27-S</b>	Range number <b>R-1-E</b>
Distance and direction from nearest town or city:				3 Owner of well <b>Clinton Oil Co.</b>			
Street address of well location if in city: <b>245 N. Water</b>				Address: <b>245 N. Water</b>			
Locate with "X" in section below: N  W X E S 1 Mile			Sketch map: S.E. 1/4 OF THE S.W. 1/4 OF THE N.E. 1/4			4 Well depth: <b>30-4'</b> Date of completion: <b>3-20-75</b> Well diameter <b>9"</b> in. <b>Bore hole</b>	
2 Type and color of material			From	To	5 <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 ratary		
Fine sand Light Tan			0	11'	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"/>		
Med. sand Dark Brown			11'	15'	7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12"</b> in. Diam. Weight _____ lbs./ft. _____ <b>6</b> in. to <b>0</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>6</b> in. to <b>30</b> ft. depth!		
Med-course Dark Brown			15'	30'	8 Screen: Manufacturer <b>Sunflower</b> Type <b>pvc</b> Dia. <b>6"</b> Slot/gauze <b>3/16"</b> Length <b>5'</b> Set between <b>25</b> ft. and <b>30</b> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____		
					9 Static water level: <b>13</b> ft. below land surface Date <b>3-20-75</b>		
					10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50</b> 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"/> Inches above grade <b>12"</b>		
					13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.		
					14 Nearest source of possible contamination: ft. <b>50'</b> Direction <b>ne</b> Type <b>sump</b> Well disinfected upon completion? <input checked="" 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		
16 Remarks: elevation			(use a second sheet if needed)		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. <b>Protheroe pump&amp;well 295</b> Business name _____ License No. _____ Address <b>827 W. 27th S. Wichita</b> Signed <b>Alvin Protheroe</b> Date <b>3-21-75</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <b>GRADE BASEMENT FLOOR</b> <input 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.

*A. S. McElhenny*

Form WWC-5