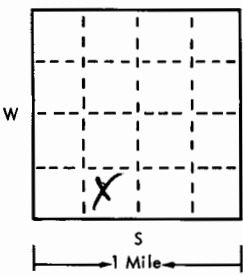
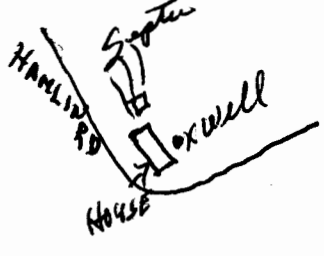


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>BUTLER</b>	Township name <b>BRUNO</b>	Fraction <b>NEX/SEX/SWX</b>	Section number <b>29</b>	Town number <b>275</b>	Range number <b>3E</b>
Distance and direction from nearest town or city: <b>3 1/2 MI. S. OF ANDOVER on Road 110</b>			3 Owner of well: <b>MERVIN WEBSTER</b>			
Street address of well location if in city: <b>16110 HAMLIN RD</b>			Address: <b>16110 HAMLIN RD WICHITA, KS</b>			
Locate with "X" in section below: 			Sketch map: 		4 Well depth: <b>39</b> ft. Date of completion: <b>4-27-76</b> Well diameter: <b>8</b> in.	
2 Type and color of material			From To		5 <input checked="" 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 type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
					6 Use: <input checked="" 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 type="checkbox"/>	
					7 Casing: Material <b>RMP</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>6</b> in. to <b>19</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					8 Screen: Manufacturer <b>Simmons Plastic</b> Type <b>RMP</b> Dia. <b>6"</b> Slot/gauze <b>20/40</b> Length <b>20 ft.</b> Set between <b>19</b> ft. and <b>39</b> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <b>20/40</b>	
					9 Static water level: <b>16</b> ft. below land surface Date <b>4-27-76</b>	
(use a second sheet if needed)			10 Pumping level below land surfaces: <b>28</b> ft. after <b>2</b> hrs. pumping <b>19</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input 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 <b>2</b> ft. to <b>12</b> ft.	
					14 Nearest source of possible contamination: ft. <b>60</b> Direction <b>West</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Burke</b> Model number <b>65A10C</b> HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>34</b> ft. capacity <b>18</b> g.m.p. 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  <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;">           Topography:  <input type="checkbox"/> Hill  <input checked="" type="checkbox"/> Slope  <input type="checkbox"/> Upland  <input type="checkbox"/> Valley         </div> <div> <b>4x4 5" installed below Pitless adpt.</b> </div> </div>			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>SIMMONS DRILLING</b> <b>162</b> Business name License No. Address <b>115 E Central ANDOVER</b> Signed <b>Ben Bruggs</b> Date <b>4-27-76</b> Authorized representative			

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

Form WWC-5