

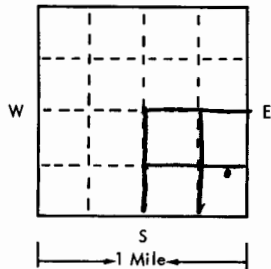
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

NE SE SE NE

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 <u>Wichita</u>	Fraction <u>NE 1/4</u> <u>SE 1/4</u>	Section number <u>3</u>	Town number <u>T28S</u>	Range number <u>R1E</u>
Distance and direction from nearest town or city:			3 Owner of well: <u>Vernon F. Smith</u>			
Street address of well location if in city: <u>3147 Range Rd.</u>			Address: <u>3147 Range Rd.</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>29</u> ft. Date of completion <u>9-11-75</u> Well diameter <u>6</u> in. <u>Bore hole</u>		
		<u>NE 1/4 of the</u> <u>SE 1/4 of the</u> <u>NE 1/4</u>		5 ☐ Cable tool ☐ Rotary ☒ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
2		Type and color of material		6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐		
				7 Casing: Material <u>Steel</u> Height: <u>above</u> below Threading ☒ Welded ☐ Surface <u>12</u> in. Diam <u>1 1/4</u> in. to <u>0</u> ft. depth Drive shoe? ☐ Yes ☐ No <u>1 1/4</u> in. to <u>29</u> ft. depth		
				8 Screen: <u>Midwest</u> Manufacturer <u>Midwest</u> Type <u>Sand pt</u> Dia. <u>1 1/4</u> Slot gauge <u>20</u> Length <u>4</u> Set between <u>25</u> ft. and <u>29</u> ft. Fittings: Gravel pack ☐ Yes ☒ No Size range of material		
				9 Static water level: <u>20</u> ft. below land surface Date <u>9-11-75</u>		
				10 Pumping level below land surfaces: <u>21</u> ft. after <u>1/2</u> hrs. pumping g.p.m. <u>7</u> ft. after hrs. pumping g.p.m. Estimated maximum yield <u>900</u> g.p.m.		
				11 Water sample submitted: ☐ Yes ☒ No Date		
				12 Well head completion: ☐ Pitless adapter <u>12</u> ☒ Inches above grade		
				13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite Depth: From <u>0</u> ft. to <u>11</u> ft.		
				14 Nearest source of possible contamination: ft. <u>15</u> Direction <u>EAST</u> Type <u>SE</u> Well disinfected upon completion? ☐ Yes ☒ No		
				15 Pump: ☐ Not installed Manufacturer's name <u>F&W</u> Model number <u>C835</u> HP <u>1/2</u> Volts <u>115</u> Length of drop pipe <u>29</u> ft. capacity <u>900</u> g.p.m. Type: ☐ Submersible ☐ Turbine ☒ Jet ☐ Reciprocating ☐ Centrifugal ☐ 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. <u>Protheroe Pump & Well 295</u> Business name <u>Protheroe Pump & Well 295</u> License No. Address <u>937 W. 27th St</u> Signed <u>Protheroe</u> Date <u>9-11-75</u> Authorized representative		
Tapography: ☐ Hill ☐ Slope ☐ Upland ☒ Valley		<u>Lawn & Garden</u>				

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

Form WWC-5