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	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Wichita	SW 1/4 of NW 1/4 of SW 1/4	9	T 28 S	R 1 E

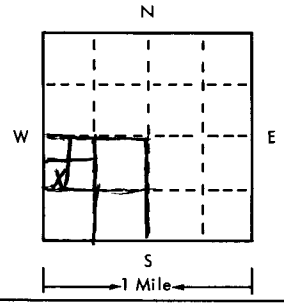
Distance and direction from nearest town or city:

Street address of well location if in city: 3639 S. Topeka

3 Owner of well: Clinton Guthrie

Address: 3639 S. Topeka 67217

Locate with "X" in section below:



Sketch map:

SW 1/4 of the
NW 1/4 of the
SW 1/4 -

4 Well depth: 33 ft. Date of completion 2-4-76
Well diameter 9 in. Bore

5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☒ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐ _____

7 Casing: Material ~~PVC~~ RMP Height: (above)/below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. Weight _____ lbs./ft.
4 in. to 0 ft. depth Drive shoe? ☐ Yes ☒ No
4 in. to 33 ft. depth

2 Type and color of material	From	To
Sand Drk Brown Fine	0	2
Sand & Clay Mix Gray	2	6
Sand Lt. Tan med.	6	12
" Lt. Brn. med fine	12	23
gravel " " med	23	33
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower DRP
Type ~~PVC~~ RMP Dia. 4" Slot/gauze 30 Length 5 ft
Set between 28 ft. and 33 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material _____

9 Static water level:
14 ft. below land surface Date 2-4-76

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:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter 12 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 10 ft.

~~X~~ Nearest source of possible contomination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? ☐ Yes ☒ No

15 Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

17 Woter well contractor's certificotion:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Brotherco Pump & Well 295
Business name License No.
Address 8275 W 27th St S
Signed _____ Date 2-4-76
Authorized representative

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

Form WWC-5

677-H

T28S R1E Sec 9 SW¼ NW¼ SW¼