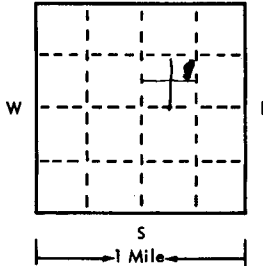


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Sedgewick</u>	Township name <u>Wichita</u>	Fraction <u>NE 1/4</u> <u>SW 1/4</u> <u>NE 1/4</u>	Section number <u>19</u>	Town number <u>T285</u>	Range number <u>R1E</u>
Distance and direction from nearest town or city:			3 Owner of well: <u>J. W. Allen</u>			
Street address of well location if in city: <u>1501 W 50th So</u>			Address: <u>1501 W 50th So Wichita, KS</u>			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: <u>NE 1/4 of the</u> <u>SW 1/4</u> <u>NE 1/4</u>		4 Well depth: <u>31</u> ft. Date of completion <u>4-5-75</u> Well diameter <u>10</u> in. <u>Bore</u>		
2 Type and color of material		From To		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 <u>PVC</u> Height: <u>above</u> below Threaded ☐ Welded ☐ Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>4</u> in. to <u>0</u> ft. depth Drive shoe? ☐ Yes ☒ No <u>4</u> in. to <u>31</u> ft. depth		
				8 Screen: Manufacturer <u>Surf-Slower</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>3/16</u> Length <u>5 ft</u> Set between <u>26</u> ft. and <u>31</u> ft. Fittings: Gravel pack ☐ Yes ☒ No Size range of material _____		
				9 Static water level: <u>40</u> ft. below land surface Date <u>4-5-75</u>		
(use a second sheet if needed)				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</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>6</u> ft.		
				14 Nearest source of possible contamination: ft. <u>40</u> Direction <u>S.E.</u> Type <u>Septic</u> Well disinfected upon completion? ☒ Yes ☐ No		
16 Remarks: elevation Topography: ☐ Hill ☐ Slope <u>Grade</u> ☐ Upland ☒ Valley				15 Pump: Manufacturer's name <u>Arms Donald</u> Model number <u>10W10</u> HP <u>1</u> Volts <u>115</u> Length of drop pipe <u>27</u> ft. capacity <u>40</u> g.m.p. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☒ Centrifugal ☐ Other		
				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>Stem J Proffert</u> <u>295</u> Business name _____ License No. _____ Address <u>827 W 27 So</u> Signed <u>Stem J Proffert</u> Date <u>4-26-75</u> Authorized representative		

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

Form WWC-5