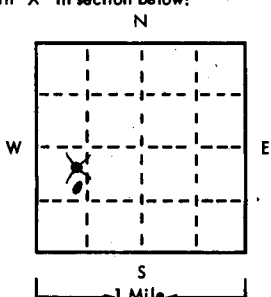


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Riverside</u>	Fraction <u>SE 1/4 of the NW 1/4 " "</u> <u>SW 1/4 " "</u>	Section number <u>27</u>	Town number <u>T285</u>	Range number <u>R1E</u>
Distance and direction from nearest town or city: <u>1/2 mile South Wichita KS</u>			3 Owner of well: <u>FW Skusser</u>			
Street address of well location if in city: <u>16114 Minneapolis</u>			Address: <u>16114 Minneapolis</u>			
Locate with "X" in section below: 			Sketch map: <u>SE 1/4 of the</u> <u>NW 1/4 " "</u> <u>SW 1/4</u>		4 Well depth: <u>14</u> ft. Date of completion <u>5-23-75</u> Well diameter <u>7</u> in. <u>Bore Hole</u> 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>Iron</u> Height: <u>above</u> /below Threaded ☒ Welded ☐ Surface <u>12</u> in. Dia. <u>1 1/4</u> in. to <u>0</u> ft. depth Drive shoe? ☐ Yes ☒ No <u>1 1/4</u> in. to <u>14</u> ft. depth 8 Screen: <u>midwest</u> Manufacturer <u>Sand Point</u> Type <u>Sand PT</u> Dia. <u>1 1/4</u> Slot/gauze <u>40</u> Length <u>4</u> Set between <u>10</u> ft. and <u>14</u> ft. Fittings: Gravel pack ☐ Yes ☒ No Size range of material _____ 9 Static water level: <u>3</u> ft. below land surface Date <u>5-23-75</u> 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 <u>12</u> ☒ Inches above grade 13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ _____ Depth: From <u>0</u> ft. to <u>3</u> ft. 14 Nearest source of possible contamination: ft. <u>75</u> Direction <u>SE</u> Type <u>Septic</u> Well disinfected upon completion? ☒ Yes ☐ No 15 Pump: ☐ Not installed Manufacturer's name <u>FW</u> Model number <u>C835</u> HP <u>1/2</u> Volts <u>115</u> Length of drop pipe <u>14</u> ft. capacity <u>14</u> g.m.p. Type: ☐ Submersible ☐ Turbine ☒ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other 16 Remarks: elevation <u>water level only 3'</u> <u>Below Basement</u> <u>floor</u> Tapography: ☐ Hill ☐ Slope ☐ Upland ☒ Valley 17 Water well contractor's certification: This well was drilled under my jurisdiction and this <u>95</u> report is true to the best of my knowledge and belief. <u>Protheroe Pump & Well</u> Business name _____ License No. _____ Address <u>827 W 27th South</u> Signed <u>FW Protheroe</u> Date <u>5-23-75</u> Authorized representative	

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

Form WWC-5