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

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

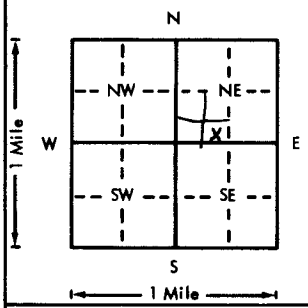
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SE 1/4 SW 1/4 NE 1/4	8	T 29 S	R 1 (E)/W

2. Distance and direction from nearest town or city: 1 mile South Haysville

Street address of well location if in city:

3. Owner of well: Wm. C. Hamby
R.R. or street: 101 W 83rd South
City, state, zip code: Wichita KS 67233

4. Locate with "X" in section below:



Sketch map:

SE 1/4
SW 1/4
NE 1/4

6. Bore hole dia. 11 in. Completion date 4-8-76
Well depth 10 ft.

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted X Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: (Above) or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 6 in. to 0 ft. depth Wall Thickness: inches or
Dia. 6 in. to 35 ft. depth gage No. ___

5. Type and color of material	From	To
Fine Sand Light Tan	0	8
Medium Fine Sand " "	8	18
Clay gray	18	19
Medium Course gravel gray	19	35

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower
Type 100 Dia. 6"
Slot/gauze 3/16 Length 5 ft.
Set between 30 ft. and 35 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material ___

11. Static water level: mo./day/yr.
10 ft. below land surface Date 4-8-76

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 50 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ___

14. Well head completion:
X Pitless adapter ___ Inches above grade

15. Well grouted? ___
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: Septic
ft. 50 Direction East Type Tank
Well disinfected upon completion? ___ Yes X No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

29 T 1 (E) W R — 8 Sec — SE SW NE 1/4 1/4 1/4

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks:

20. 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.
Rotheroe Pump & Well 295
Business name License No.
Address 827 W. 27th So.
Signed R. J. Rotheroe Date 4-10-76
Authorized representative

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023