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

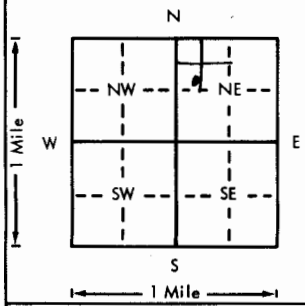
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SW 1/4 NW 1/4 NE 1/4	9	T 29 S	R 1 E (E/W)

2. Distance and direction from nearest town or city:

Street address of well location if in city: 8140 S. Wasington

3. Owner of well: Kleinsorge, D.H.
R.R. or street: 8140 S. Washington
City, state, zip code: Wichita KS 67236

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 9 in. Completion date July 25, 1980
Well depth 32 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 Gld Surface 12 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 6 in. to 0 ft. depth Wall Thickness: inches or
Dia. 6 in. to 32 ft. depth gage No. 200

5. Type and color of material	From	To
Lt. Gray Sandy/Clay loam	0	6
" Brn Med. fine Sand	6	13
" Tan " "	13	25
" " " Coarse "	25	32

(Use a second sheet if needed)

10. Screen: Manufacturer's name Cer-MAC Superlative
Type PVC Dia. 6
Slot/gauze 32 Length 5'
Set between 27 ft. and 32 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material ___

11. Static water level: mo./day/yr.
13 ft. below land surface Date ___

12. Pumping level below land surfaces:
14 ft. after 1 hrs. pumping 30 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 60 g.p.m.

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

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: __ Neat cement __ Bentonite X Concrete
Depth: From 2 ft. to 12 ft.

16. Nearest source of possible contamination: Sept. tank
ft. 55 Direction SE Type ___
Well disinfected upon completion? X Yes __ 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

T 29 R 1 (E/W) Sec 9 1/4 1/4 1/4 SW NW NE

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.
Business name Protherroe Pump & Well License No. 295
Address 827 W. 27th So Wichita KS
Signed [signature] Date 7-28-80
Authorized representative

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

Form WWC-5

M1-1023