

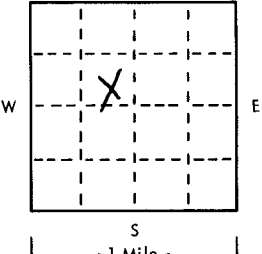
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

SE SE NW

1 Location of well:	County <u>Sedgwick</u>	Township name <u>Salem</u>	Fraction <u>R-29-S</u>	Section number <u>11</u>	Town number <u>295</u>	Range number <u>R-1-E</u>
Distance and direction from nearest town or city: <u>1 West Derby</u> Street address of well location if in city: <u>3701 Fair Haven</u>				3 Owner of well: <u>Melvin Hampton</u> Address: <u>3740 So Hoover Wichita</u>		
Locate with "X" in section below: 				Sketch map:		
2 Type and color of material				From	To	
<u>Brown clay</u>				<u>0</u>	<u>9</u>	
<u>sand</u>				<u>9</u>	<u>32</u>	
4 Well depth: <u>32</u> ft. Date of completion <u>4-23-75</u>				Well diameter <u>5</u> in.		
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>Steel</u> Height: above/below				Threaded ☐ Welded ☐ Surface <u>78</u> in.		
Diam. <u>5</u> in. to <u>32</u> ft. depth				Weight <u>32</u> lbs./ft.		
Drive shoe? ☐ Yes ☒ No						
8 Screen: Manufacturer <u>Jess Lowe</u>				Type <u>mesh</u> Dia. <u>5"</u>		
Slot/gauze <u>1/16"</u> Length <u>10'</u>				Set between <u>22</u> ft. and <u>32</u> ft.		
Fittings:				Gravel pack ☒ Yes ☐ No Size range of material <u>3/8</u>		
9 Static water level:				<u>10</u> ft. below land surface Date <u>4-23-75</u>		
10 Pumping level below land surfaces:				<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.		
<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.				Estimated maximum yield <u> </u> g.p.m.		
11 Water sample submitted:				☐ Yes ☒ No Date <u> </u>		
12 Well head completion:				☒ Pitless adapter ☐ Inches above grade		
13 Well grouted? ☐ Yes ☒ No				☐ Neat cement ☐ Bentonite ☐ <u> </u>		
Depth: From <u> </u> ft. to <u> </u> ft.						
14 Nearest source of possible contamination:				ft. <u>1 mile</u> Direction <u>East</u> Type <u>River</u>		
Well disinfected upon completion? ☐ Yes ☒ No						
15 Pump: ☐ Not installed				Manufacturer's name <u> </u>		
Model number <u> </u> HP <u> </u> Volts <u> </u>				Length of drop pipe <u> </u> ft. capacity <u> </u> g.m.p.		
Type: ☒ Submersible ☐ Turbine				☐ Jet ☐ Reciprocating		
☐ Centrifugal ☐ Other						
16 Remarks: elevation				17 Water well contractor's certification:		
Topography: ☐ Hill ☐ Slope ☒ Upland ☐ Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
				Business name <u>Werning & Palky 238</u>		
				Address <u> </u> License No. <u> </u>		
				Signed <u>May 11</u> Date <u>5-24-75</u>		
				Authorized representative		

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

Form WWC-5