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)
Tapeka, Konsas 66620

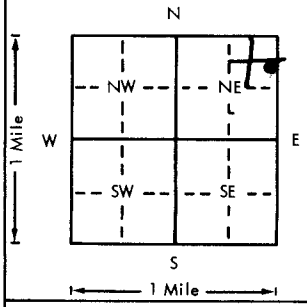
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SE 1/4 NE 1/4 NE 1/4	17	T 29 S	R 1 E (E) W

2. Distance and direction from nearest town or city:

Street oddress of well location if in city: 9111 S. Broadway

3. Owner of well: C.A. Dolloff
R.R. or street: 9111 S. Broad way
City, state, zip code: Wichita KS 67233

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



6. Bore hole dia. 9 in. Completian date 9-12-77
Well depth 30 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 RMP Height: (Above) or below
Threaded ___ Welded Gld Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 10 in. to 0 ft. depth Wall Thickness: inches or
Dia. 10 in. to 30 ft. depth gage No. 120

5. Type and color of material	From	To
Dark Brown Sand/clay loam	0	4
Light Tan Fine Sand	4	20
Gray Clay	20	21
Gray Medium Course gravel	21	24
Black Clay	24-6	24-10
Gray Medium Course gravel	24-6	30
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower mfg Co
Type RMP Dia. 10
Slot/gauze 3/16 Length 5 FT
Set between 25 ft. and 30 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material ___

11. Static water level: mo./day/yr.
11 ft. below land surface Date 9-12-77

12. Pumping level below land surfaces:
12 ft. after 1 hrs. pumping 600 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:
__ Pitless adapter 12 Inches above grade

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

16. Nearest source of possible contamination: CI
ft. 30 Direction West Type Sewer
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ 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

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
X Valley

19. Remarks:
well located inside of garage with concrete floor

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 27 th. 50
Signed [signature] 9-12-77
Authorized representative

29 - 1 E 17 SE NE NE
T R Sec 1/4 1/4 1/4

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

Form WWC-5

MI-1023