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

2	7		1	W	1	2	NW	SW	NE	
T			R	EW	sec 1/4		1/4		1/4	No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Delano	NW ~~SE~~, SW NE	12	T27S	R1W

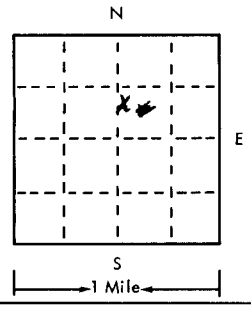
Distance and direction from nearest town or city:

Street address of well location if in city: 3000 W. 18th, Wichita

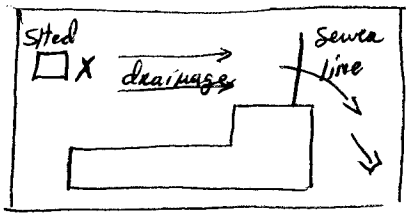
3 Owner of well: Harold L. Bowlin

Address: 3000 W. 18th Wichita

Locate with "X" in section below:



Sketch map:



4 Well depth: 33' ft. Date of completion 8-28-75
Well diameter 10 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: Sunflower Material 100 Height: above/~~below~~
Threaded ☐ Welded ☐ Surface 13 in. Wall
Diam. RMP Weight 0.100 ~~lbs.~~/ft.
6 in. to 13 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
gray clay	0	9'
fine sand	9'	17'
coarse sand	17'	30'
medium & fine sand	30'	33'
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Jetwell
Type RMP perforated Dia. 6"
Slot/gauze .075x2in Length 20
Set between 13 ft. and ___ ft. 33
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ___

9 Static water level:
16 ft. below land surface Date 8-28-75

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: 13"
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: Sewer
ft. 100 Direction East Type Line
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
Concrete slab to be installed by customer at surface of ground He knows this is a regulation.

Topography:
☐ Hill
☐ Slope
☒ Uplond
☐ Valley

17 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.
Whitchurch Well Service 309
Business name License No.
Address 520 James St.
Signed [signature] Date 9-22-75
Authorized representative

27 1W 12 NW SW NE

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

Form WWC-5

677-H