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)
Topeko, Kansas 66620

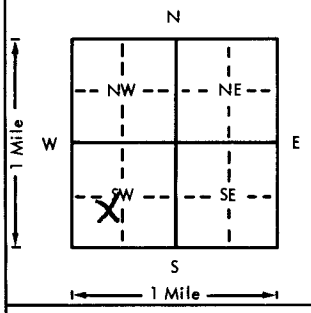
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	NE 1/4 SW 1/4 SW 1/4	14	T 27 S	R 1 E (W)

2. Distance and direction from nearest town or city:

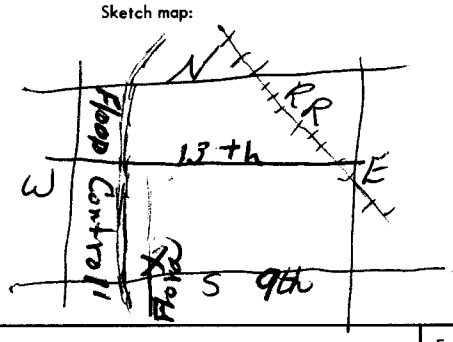
Street address of well location if in city: 915 N Flora

3. Owner of well:
R.R. or street: 915 N. Flora
City, state, zip code: Wichita Ks 8/11/77

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 8 in. Completion date 8/11/77
Well depth 30 ft.

7. (/) Cable tool ( ) Rotary ( ) Driven ( ) Dug
( ) Hollow rod ( ) Jetted ( ) Bored ( ) Reverse rotary

8. Use: (/) Domestic ( ) Public supply ( ) Industry
( ) Irrigation ( ) Air conditioning ( ) Stock
( ) Lawn ( ) Oil field water ( ) Other

9. Casing: Material Styrene Weight: Above or below
Threaded ( ) Welded ( ) Surface 12 in.
RMP (/) PVC ( ) Weight 10.0 lbs./ft.
Dia. 4 in. to 30 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 100

5. Type and color of material	From	To
Yellow Sand Fine	0	5
White Sand Fine	5	16
White Sand Coarse	16	22
Pea Gravel Coarse Brown + White	22	30

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower
Type 100 Dia. 4"
Slot/gauze Slot Length 5'
Set between 25 ft. and 30 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material 4"

11. Static water level: 16 ft. below land surface Date 8/11/77 mo./day/yr.

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
( ) Yes (/) No Date ___

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

15. Well grouted? Yes
With: (/) Neat cement ( ) Bentonite ( ) Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 50 Direction West Type Sewer
Well disinfected upon completion? (/) 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
(/) 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.
Jet Drilling 313
Business name License No.
Address 25 W Salem
Signed Nevie Henderson Date 8/11/77
Authorized representative

S 27 T — R 1 E (W) Sec 14 1/4 NE 1/4 SW 1/4 SW 1/4

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

Form WWC-5

MI-1023