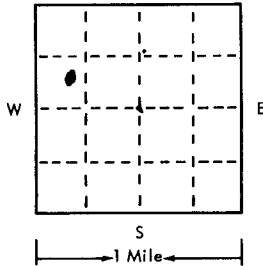
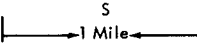


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

1 Location of well:	County <u>Sedgwick</u>	Township name <u>Delano</u>	Fraction <u>NE SW NW</u>	Section number <u>17 15</u>	Town number <u>27</u>	Range number <u>1W</u>
Distance and direction from nearest town or city: <u>in Wichita</u>				3 Owner of well: <u>Mrs. D. J. LaSue</u>		
Street address of well location if in city: <u>1117 Hazelwood</u>				Address: <u>1117 Hazelwood-Wichita</u>		
Locate with "X" in section below: 				Sketch map: 		
2				4 Well depth: <u>18</u> ft. Date of completion <u>7-23-75</u> Well diameter <u>5</u> in.		
Type and color of material				5 ☐ Cable tool ☐ Rotary ☒ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☒ Bored ☐ Reverse rotary		
<u>Top Soil</u>				6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☒ <u>Lawn</u>		
<u>Sand</u>				7 Casing: Material <u>Steel</u> Height: <u>above</u> below Threaded ☒ Welded ☐ Surface <u>4</u> in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? ☐ Yes ☒ No _____ in. to _____ ft. depth		
				8 Screen: <u>Clyton mark</u> Manufacturer _____ Type <u>Steel</u> Dia. <u>1 1/4"</u> Slot/gauze <u>60</u> Length <u>3'</u> Set between <u>15</u> ft. and <u>18</u> ft. _____ Fittings: Gravel pack ☐ Yes ☒ No Size range of material _____		
				9 Static water level: <u>12</u> ft. below land surface Date <u>7-23-75</u>		
				10 Pumping level below land surfaces: <u>12</u> ft. after <u>1</u> hrs. pumping <u>6</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
				11 Water sample submitted: ☐ Yes ☒ No Date _____		
				12 Well head completion: ☐ Pitless adapter <u>24"</u> ☒ Inches above grade		
				13 Well grouted? ☒ Yes ☐ No ☐ Neat cement ☒ Bentonite ☐ _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: ft. <u>16</u> Direction <u>South</u> Type <u>sewer</u> Well disinfected upon completion? ☐ Yes ☒ No		
				15 Pump: ☐ Not installed Manufacturer's name <u>Johnston</u> Model number <u>35W</u> HP <u>3/2</u> Volts <u>115</u> Length of drop pipe <u>20</u> ft. capacity <u>6</u> g.m.p. Type: ☐ Submersible ☐ Turbine ☒ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
16 Remarks: elevation Topography: ☐ Hill ☐ Slope ☐ Upland ☒ 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. <u>2157 Electric Ave. 129</u> Business name _____ License No. _____ Address <u>512 W. 21st</u> Signed <u>Johnnie K. Smith</u> Date <u>7-23-75</u> Authorized representative		

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

Form WWC-5