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)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SW 1/4 NW 1/4 SE 1/4	17	T 27 S	R 1 W E (W)

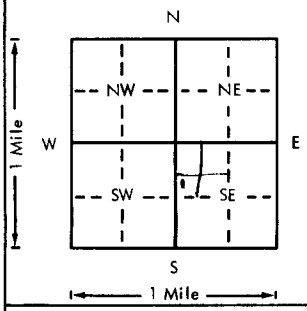
2. Distance and direction from nearest town or city:

Street address of well location if in city: 967 Peterson

3. Owner of well: Griffin, Don
R.R. or street: 967 Peterson
City, state, zip code: Wichita, KS 67212

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 9 in. Completion date July 22, 1980
Well depth 37 ft.

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted X Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
X Lawn __ Oil field water __ Other

9. Casing: Material PVC
Threaded ___ Welded Gld
RMP ___ PVC X
Dia. 6 in. to 0 ft. depth
Dia. 6 in. to 37 ft. depth
Height: Above or below Surface 12 in.
Weight ___ lbs./ft.
Wall Thickness: inches or gage No. 200

5. Type and color of material	From	To
Reddish Brn. Clay	0	6
Lt Brn Sand/Clay loam	6	10
" " Med fine Sand	10	14
" " " Coarse "	14	37
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Cer-mac Superlative
Type PVC Dia. 6
Slot/gauze 1/32 Length 5'
Set between 32 ft. and 37 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material ___

11. Static water level: mo./day/yr.
18 ft. below land surface Date ___

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ 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. 10 Direction North Type Sewer
Well disinfected upon completion? ___ Yes X No

17. Pump: X 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

T 27 R 1 W E (W) Sec 17 1/4 1/4 1/4 1/4 SWNWSE

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks:

well in Basement

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.
Protheroe Pump & Well 295
Business name License No.
Address 827 W. 27th St So Wichita KS
Signed [signature] Date 7-28-80
Authorized representative

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

Form WWC-5

MI-1023