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

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

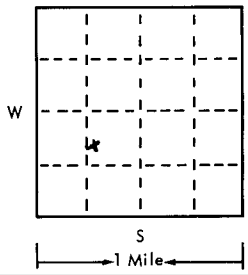
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	SG	Delano	SE-NE-SW	23	T-27S	R1W

Distance and direction from nearest town or city:

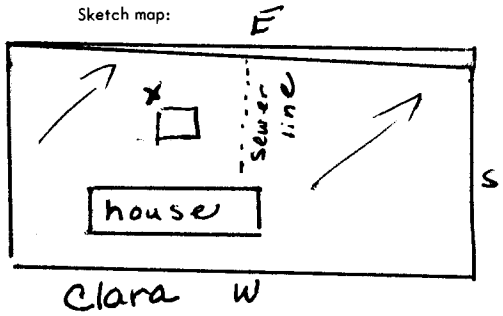
Street address of well location if in city: SAME

3 Owner of well: Max A. Lee
Address: 134 So. Clara Wichita, Kans. 67209

Locate with "X" in section below:



Sketch map:



4 Well depth: 35 ft. Date of completion 4-9-76
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: Material RMP galvanized ☐ Threaded ☐ Welded
Diam. 6 in. to 25 ft. depth
___ in. to ___ ft. depth
Height: above/below Surface 13 in.
Weight 0.200 lbs./ft.
Drive shoe? ☐ Yes ☒ No

2 Type and color of material	From	To
Sandy soil	0	4
brown clay	4	11
sand	11	15
gray clay	15	16
Course Sand	16	35
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower
Type RMP Dia. 6"
Slot/gauze .075 x 2" Length _____
Set between 25 ft. and 35 ft.
Fittings:
Gravel pock ☐ Yes ☒ No Size range of material ___

9 Static water level:
16 ft. below land surface Date 4-9-76

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:
☐ Pitless adapter ☒ 13 in Inches above grade

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

14 Nearest source of possible contamination:
ft. 30 Direction S Type Sewer 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

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.
Whitchurch Well Service 309
Business name License No.
Address 520 James St.
Signed _____ Date 4-15-76
Authorized representative

27 1W 23 SENESW

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

Form WWC-5

677-H