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

T	R	EW	sec	1/4	1/4	1/4	No.
27	1	W	24	SW	SW	NW	

WATER WELL RECORD
KSA 82a-1201-1215

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

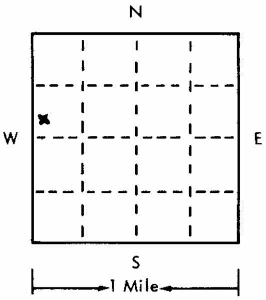
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedg.	Delano	SW - SW - NW	24	T27S	R1W

Distance and direction from nearest town or city:

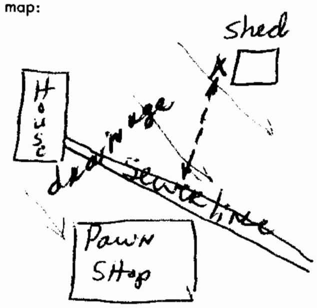
Street address of well location if in city: 438 N. West St. Wichita, Kans

3 Owner of well: Bert Hook
Address: 438 N. West St. Wichita, Kans.

Locate with "X" in section below:



Sketch map:



4 Well depth: 38 ft. Date of completion 7-29-75
Well diameter 6 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 PLTS Height: (above) below
Threaded ☐ Welded ☒ Surface 13 in.
Diam. RMP Weight D.100 ~~lbs~~/ft. wall
6 in. to 18 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Black dirt	0	3
brown clay	3	9
fine sand	9	20
gray clay	20	22
Course sand	22	38

(use a second sheet if needed)

8 Screen:
Manufacturer Sunflower
RMP Type Jet-Set 100 Dia. 6"
(Slot) ~~gauge~~ .075 Length 20'
Set between 18 ft. and 38 ft. ____
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ___

9 Static water level:
12 ft. below land surface Date 7-28-75

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 ☒ portland cement
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: Sewer
ft. 35 Direction SE 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
☒ 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 Maize, Kans
Signed [signature] Date 8-15-75
Authorized representative

27 1 W 24 SWSW NW

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

Form WWC-5

677-H