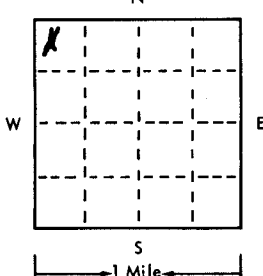


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Sedgwick</u>	Township name	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section number <u>28</u>	Town number <u>T275</u>	Range number <u>R1W</u>
Distance and direction from nearest town or city:			3 Owner of well: <u>Lynn Woods</u>			
Street address of well location if in city: <u>501 Floyd</u>			Address: <u>501 Floyd, Wichita, KS 67209</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>41'-6"</u> ft. Date of completion: <u>1-25-75</u> Well diameter: <u>8 1/2</u> in.
2			Type and color of material			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
			From	To	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
CLAY reddish			0	12	7 Casing: Material <u>PVC</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/2</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>6</u> in. to <u>41'-6"</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!	
SAND Gray/Brown			12	41	8 Screen: Manufacturer <u>Sun Flower</u> Type <u>S&amp;T PVC</u> Dia. <u>6</u> <u>Slot</u> gauze <u>1/16</u> Length <u>5'</u> Set between <u>36</u> ft. and <u>41</u> ft. Fittings: <u>PVC</u> Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____	
					9 Static water level: <u>20</u> ft. below land surface Date <u>1-25-75</u>	
					10 Pumping level below land surfaces: <u>22</u> ft. after <u>2</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches <u>13"</u> above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.	
					14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>West</u> Type <u>septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>AJ McDonald</u> Model number <u>2005</u> HP <u>1</u> Volt <u>220</u> Length of drop pipe <u>33</u> ft. capacity <u>20</u> g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
16 Remarks: elevation well located in Basement approx 6' below outside G-grade			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>Prather &amp; Pump &amp; Well 295</u> Business name _____ License No. _____ Address <u>827 W 27th St, Wichita</u> Signed <u>Henry Prather</u> Date <u>1-28-75</u> Authorized representative <u>[Signature]</u>			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5