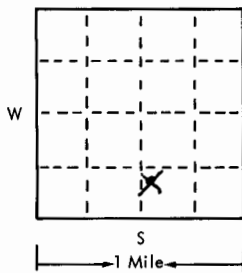


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

27 7W 29 NWSWSE  
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 <b>KINGMAN</b>	Township name	Fraction <b>NWSWSE</b>	Section number <b>29</b>	Town number <b>27S</b>	Range number <b>7W</b>
Distance and direction from nearest town or city: <b>1/2 E 1/2 N</b>			3 Owner of well: <b>ROBERT HARRINGTON</b>			
Street address of well location if in city: <b>KINGMAN</b>			Address: <b>7001 ROCKWOOD WICHITA KS</b>			
Locate with "X" in section below: 			Sketch map: <b>NW 1/4 SW 1/4 SE 1/4</b> <b>29 27-7</b>			4 Well depth: <b>30</b> ft. Date of completion <b>9-16-75</b> Well diameter <b>4</b> in.
			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
			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			
			7 Casing: Material <b>DVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>20</b> in. Diam. <b>4</b> in. to <b>30</b> ft. depth! Weight <b>160</b> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2	Type and color of material	From	To	8 Screen: Manufacturer <b>Peerless</b> Type <b>DVC</b> Dia. <b>4 1/2</b> Slot/gauze <b>0.75</b> Length <b>20</b> Set between <b>10</b> ft. and <b>30</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material		
	<b>SOIL</b>	<b>0</b>	<b>4</b>			
	<b>SAND</b>	<b>4</b>	<b>6</b>			
	<b>CLAY</b>	<b>6</b>	<b>8</b>			
	<b>MED SAND</b>	<b>8</b>	<b>14</b>	9 Static water level: <b>9</b> ft. below land surface Date <b>9-16-75</b>		
	<b>SHALE</b>	<b>14</b>	<b>30</b>	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>20</b> 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 <b>28</b> inches above grade			
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From <b>0</b> ft. to <b>10</b> ft.			
			14 Nearest source of possible contamination: ft. ____ Direction <b>PASTURE</b> Type <b>PASTURE</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
16 Remarks: elevation			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. <b>LYMAN BROS 140</b> Business name License No. Address <b>GICKELIFF</b> Signed <b>W N Lyman</b> Date <b>9-20</b> Authorized representative			
(use a second sheet if needed)						

27 7W 29 NWSWSE

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

Form WWC-5