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	NW 1/4 SW 1/4 SE 1/4	1	T 28 S	R 1 E (W)

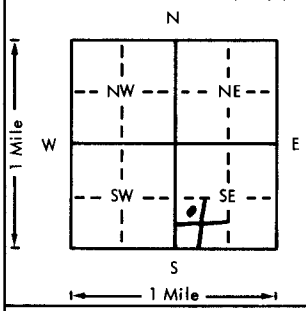
2. Distance and direction from nearest town or city:

Street address of well location if in city: 3038 S. Mt Carmel

3. Owner of well: R&R Homes
R.R. or street: RR#1 PO Box 261
City, state, zip code: Derby KS 67037

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 7 in. Completion date 3-23-79
Well depth 24 ft.

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

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

9. Casing: Material RMP Height: Above or below
Threaded ___ Welded Gld Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 4 in. to 0 ft. depth Wall Thickness: inches or
Dia. 4 in. to 5 ft. depth gage No. 120

5. Type and color of material	From	To
Dark Brown Clay	0	2
Lt. Gray "	2	4
Unkown (Driven well)	4	24

(Use a second sheet if needed)

10. Screen: Manufacturer's name Clayton Mark
Type Sand Point Dia. 1¼"
Slot gauze 100 Length 4 ft
Set between 24 ft. and 20 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material ___

11. Static water level: mo./day/yr.
4 ft. below land surface Date 3-23-79

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 20 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 4 ft.

16. Nearest source of possible contamination: Sump
ft. 15 Direction North Type Pump
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

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks: Well in Basement
Driven well inside 4" RMP
Casing with Sanitary Well Seal.

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 SERVICE
827 W. 27th ST. S. 522-3721
WICHITA, KANSAS 67217 295

Business name ___ License No. ___
Address ___
Signed Glenn J. Protheroe Date 3-23-79
Authorized representative

T 28 R 1 (W) E Sec 1 1/4 1/4 1/4 NW SE

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

Form WWC-5

MI-1023