

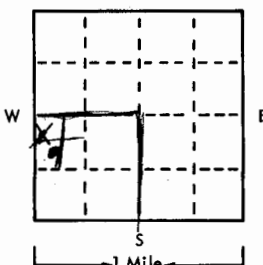
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

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

NE NW SW SW

1 Location of well:	County <u>Sedgewick</u>	Township name <u>Wichita</u>	Fraction <u>SW 1/4</u> <u>NW 1/4</u> <u>SW 1/4</u>	Section number <u>9</u>	Town number <u>T-27-S</u>	Range number <u>R 1 E</u>
Distance and direction from nearest town or city: Street address of well location if in city: <u>1527 N. Emporia</u>			3 Owner of well: <u>W. H. Price</u> Address: <u>1527 N. Emporia</u>			
Locate with "X" in section below: 			Sketch map: <u>SW 1/4 of the</u> <u>NW 1/4 of the</u> <u>SW 1/4</u>			4 Well depth: <u>29</u> ft. Date of completion: <u>8-6-75</u> Well diameter: <u>7</u> in. <u>Bore hole</u>
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input checked="" 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 <input type="checkbox"/>			
			7 Casing: Material <u>Steel</u> Height: above/below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>1 1/4</u> in. to <u>0</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>1 1/4</u> in. to <u>29</u> ft. depth			
			8 Screen: Manufacturer <u>Midwest</u> Type <u>Sand point</u> Dia. <u>1 1/4</u> Slot/gauze <u>40</u> Length <u>4'</u> Set between <u>25</u> ft. and <u>29</u> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____			
			9 Static water level: _____ ft. below land surface Date _____			
(use a second sheet if needed)			10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>12</u> g.p.m.		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>8-6-75</u>	
			12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.			
			14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>West</u> Type <u>sewer</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>SEARS</u> Model number <u>370-25280</u> HP <u>1 1/2</u> Volts <u>115</u> Length of drop pipe <u>29</u> ft. capacity <u>12</u> g.p.m. 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley <u>Lawn & Garden</u> <u>driven well</u>			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 & Pump & Well 295</u> Business name _____ License No. _____ Address <u>827 W 27th South</u> Signed <u>Prather</u> Date <u>8-6-75</u> Authorized representative			