USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY,						T R EV	V sec 1/4 1/4 1/4 N	
PRINT CLEARLY.	WATER WELL RECORD KSA 82a-1201-1215					(Kansas State Dept. Of Hea Water Well Contractors)	lth
		NW NE	NW				Forbes-Bldg. 740 Topeka, Kansas 66620	_
¹ Location of well: Sedgwich		Fraction		tion numbe		1275	Range number RIE	
Distance and direction from nearest town or Street address of well location if in city:	IW		Owner of w Address:	eil:		Corporat a, Kansa		
at 29th St & Me	sketch map:	A			4 Well depth	4 <u>4.60</u> ft.	Date of completion $6/16$	<u>6</u> /75
×;;					5 Cable		Driven Dug Cal	
					6 Use: D	omestic 🗌 Publi	Bored Reverse rotan	
W	:				ד 🗋 ד	est well	conditioning Commercia	- -
					Threaded [Welded 🔀	Height: above/below Surface 30 in.	
					Diam. <u>12</u> in. t	<u>34</u> €00 €pth	Weight 43 lbs./ft Drive shoe? Yes X N	- -
2	ype and color of material		From	То	8 Screen:	rer Layne		-
Top soil and fine sand			(2 4	Туре	ayne	Dia. <u>12"</u>	_
Clay			4	1 18		an 346 , and	Length <u>1</u> 0	- -
Sandy silt			18	3 22	Fittings: Gravel pa	ck 🕅 Yes 🗌 No	Size range of material	8 X 2
Fine to coarse sand			22	2 31	9 Static wate	er level: below land surfac	e Date <u>6/6/75</u>	,
Coarse sand and med. gravel			31	42	10 Pumping level below land surfaces: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					Estimated r	after hrs naximum yield	. pumping g.p.m 700 g.p.m.	·
					11 Water samp	ole submitted: No Dat	e	
······································				-	12 Well head	completion: adapter	30 Inches above grade	
					13 Well groute	ed? 🗶 Yes ement 🗌 Benton om 📿 ft. to 3	□ No ite □	_
							out by Easter San S	-
				_	Well disin	fected upon compl	etion? 🗶 Yes 🗌 N	
					15 Pump: Manufactu	rer's name Lay	Not installed NC HP ZO Volts 46	-
				_	Length of a	drop pipe <u>35</u>	HP Volts 400 ft. capocity 300 g.m.p.	-
					Type:		Turbine	
(use a second sheet if needed)					Jet	Jet Reciprocating Certrifugal Other		
16 Remarks: elevation					This well w		y jurisdiction and this	
Topography:]	ay <u>ne W</u>	estern C		_
Hill Slope					Business na Address —	Wichita.	License No	_] .
Upland X Valley					Signed 7	Autorized represe	$b_{\text{Date}} \frac{6/20}{20}$	0/75

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

Form WWC-5