USE TYPEWRITER OR POINT PEN-PRESS FI									R EW	sec 1/	/4 1/4 1	/4 N₀.	
PRINT CLEARLY. WATER WELL RECORD KSA 82a-1201-1215							Kansas State Dept . Of Health (Water Well Contractors)						
SW SE NW NE								Forbes-Bldg. 740 Topeka, Kansas 66620					
	County	Township name	Fractian	r	on number	•	Town number	Range number					
1 Lacation af well:	SEDG	WICHITA	NWKT	NE Y		8		27 SHAW			'E		
Distance and directio	F. J	SHAW											
Street oddress of well	09 NO. WACO												
Locate with "X" in section below: Sketch map: N								4 Well depth: <u>24</u> ft. Date of completion <u>5-</u> Well diameter <u>5</u> in.					
								5 Cable tool Rotary Driven Dug					
								Hollow rod Jetted Reverse rotary 6 Use: Damestic Public supply Industry					
$W = -\frac{1}{1}\frac{1}{1}\frac{1}{1} E$								□ Irrigation □ Air conditioning □ Commercial □ Test well ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲					
							7 Casing: Material STEPL Height: above/below Threaded X Welded I Surface <u>12</u> in ⁴ .						
S Mile							Diam. Weight 2 2 1 lbs./ft. L 						
2 Type and color of material					From	То		in. to <u>24</u> f1		ive shoer [
CLAS					0	1/	Mor	8 Screen: Monufacturer CLATTON MITRIK					
SAND DRIVE 14 PIPE						24	Type State Dia. 125" Slot/gauze Image: State Image: State						
SAND POINT					20	24	Fittings: Gravel pack Yes X No Size range of moteriol —						
						/	9 Stat	Static water level: LE ft. below land surface Date 5-1-75					
							10 Pum	Pumping level belaw land surfaces:					
					ft. after hrs. pumping g.p.m. ft. ofter hrs. pumping g.p.m.								
								Estimated maximum yieldg.p.m.					
								Yes No Date					
								Well head completion:					
								3 Well grouted? 🔀 Yes 🔲 No					
								h: From					
							14 Nea ft	rest source of po <u>すひ</u> Direct	ossible cont	amination: O	Tune	NER	
							Wel	l disinfected upo	on completi	ion? 🗌 Ye	95		
							15 Pumj Man	ufacturer's name	-S/2] Not insta 7 <u>7 </u>			
				Ĩ				lel number <u></u> 1th of drop pipe .					
			har -				Туре	;			9		
	· · · · · · · · · · · · · · · · · · ·							Submersible Jet		Turbine Reciproco	ıting		
(use a second sheet if needed) 16 Remarks: elevation								Certrifugal		Other			
								17 Water well contractor's certification: This well was drilled under my jurisdiction and this					
Тородгарну:								report is true to the best of my knowledge and belief. $3/3^{*}ELECTRic$ / 32					
Hill Slope								Business name Address _2/7 W 3/5750					
								Signed Authorized representative					
Valley								,					

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

Form WWC-5