

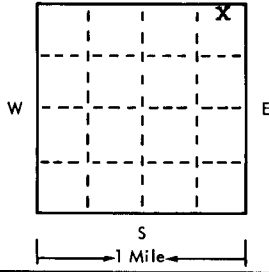
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

NW SE NE NE

1 Location of well:	County <b>SEDGWICK</b>	Township name <b>RIVERSIDE</b>	Fraction <b>NE 1/4</b>	Section number <b>26</b>	Town number <b>28</b>	Range number <b>1 E</b>
Distance and direction from nearest town or city: <b>50' plus S</b>				3 Owner of well: <b>RONALD KEOWN.</b>		
Street address of well location if in city: <b>4607 E 56 SOUTH</b>				Address: <b>4607 E 56 SOUTH ( trailer House )</b>		
Locate with "X" in section below: N 		Sketch map:		4 Well depth: <b>60</b> ft. Date of completion <b>12-30-74</b> Well diameter <b>11</b> in.		
2 Type and color of material				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 <input type="checkbox"/>		
				7 Casing: Material <b>RMP</b> Height (above/below) _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. _____ Weight <b>200</b> lbs./ft. <b>sked</b> <b>5</b> in. to <b>60</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <b>J&amp;L</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>.031</b> Length <b>10"</b> Set between <b>50</b> ft. and <b>60</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3/8</b>		
				9 Static water level: <b>30</b> ft. below land surface Date <b>12-30-74</b>		
				10 Pumping level below land surfaces: <b>45</b> ft. after <b>1</b> hrs. pumping <b>10</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>12-30-74</b>		
				12 Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 <b>10</b> ft. to <b>GL</b> ft.		
				14 Nearest source of possible contamination: ft. <b>50</b> X Direction <b>S.</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Red Jacket</b> Model number <b>9BC</b> HP <b>1/2</b> Volts <b>208-30</b> Length of drap pipe <b>55</b> ft. capacity <b>10</b> g.m.p. Type: <input checked="" 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 <b>Approx 1370 MSL)</b> Note: To check Well, Contact customer by phone 522-604 or Business address 3605 S.Senica				17 Water well contractor's certification: <b>135A</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>B.C. Wilkinson Well Drilling</b> License No. <b>135</b> Business name _____ Address <b>1028 Ida, Wichita, Kans</b> Signed <b>B.C. Wilkinson</b> Date <b>9-24-75</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				(use a second sheet if needed)		

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

Form WWC-5