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

SE SE SE SW

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick		~~NW~~ 1/4 of ~~NW~~ 1/4	~~S~~ 32	~~29~~ S 28	1 ~~W~~ EAST

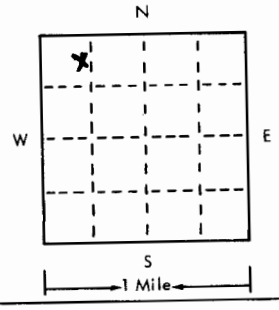
Distance and direction from nearest town or city:

Street address of well location if in city: 706 E. Grand Ave.

3 Owner of well: Al Shaw

Address: Haysville, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 43 ft. Date of completion 4/16/75
Well diameter 8 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐ _____

7 Casing: Material PVC Height: above ~~Grade~~ Surface 0 in.
Threaded ☐ Welded ☐ Weight _____ lbs./ft.
Diam. 5 in. to 33 ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top soil	0	2
Brown sandy silt	2	11
Med. to coarse sand to med gravel	11	25
Med. to coarse sand & gravel	25	43
Shale	43	45

(use a second sheet if needed)

8 Screen:
Manufacturer Certainteed
Type PVC Dia. 5"
Slot gauze 1/8 Length 10'
Set between 33 ft. and 43 ft.
Fittings: 1/8 - 1/4
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
14 ft. below land surface Date 4-16-75

10 ~~Pumping level below land surfaces:~~
~~___ ft. after ___ hrs. pumping ___ g.p.m.~~
~~___ ft. after ___ hrs. pumping ___ g.p.m.~~
~~Estimated maximum yield ___ g.p.m.~~

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion: Sanitary Seal
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 14 ft. to 3 ft.

14 Nearest source of possible contamination: CT House Sewer Line
ft. 54' Direction NE Type
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☒ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation Installed Owner's backyard

Topography:
☐ Hill
☒ Slope
☐ Upland
☐ Valley

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.
Layne Western Co. 102
Business name License No.
Address Wichita, Kansas
Signed _____ Date 4/22/75
Authorized Representative

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

Form WWC-5

677-H