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
(Woter Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SW NW NE NW

Part Hancock Acres Lot 3 blk 7

1 Location of well:	County	Township name	Fraction	Section number	Town number	Ronge number
	Sedgwick	Salem	NW¼	11	29S	1E of 6PM

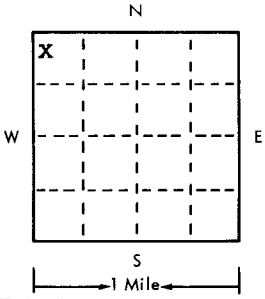
Distance and direction from neorest town or city: 1.2W Derby Ks Exit K15 at Washington St See Hancock Acres

Street address of well location if in city: 3600 Haven Court

3 Owner of well: Complete Home Builders Inc.

Address: P.O.Box 228 Mulvane, Kan.

Locate with "X" in section below:



Sketch map:

4 Well depth: 25 ft. Date of completion 6-10-75
Well diameter 11 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 RMP Height (above / below)
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 5 Weight 200 lbs./ft. SKED
5 in. to 25 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Overburden	0	7
Fine Sand	7	10
Fine to Corse Sand	10	18
1/8 to ¼" Round Reddish Gravel	18	25
(use a second sheet if needed)		

8 Screen:
Manufacturer J&L
Type RMP Dia. 5"
(Slot) Gauze .031 Length 10
Set between 15 ft. and 25 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/8

9 Static water level:
9 ft. below land surface Date 6-10-75

10 Pumping level below land surfaces:
10 ft. after 1 hrs. pumping 60 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 300 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 8 ft. to 3 ft. B.G.L.

14 Nearest source of possible contamination:
ft. 50 Direction West Type Septic
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 Aprox 1275MSL) Home Builders Inc. Will comply with State Health Dept Requirements regarding Cement Slab

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

Signature Carl A. Hoge, President

17 Water well contractor's certification: 135A
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
B.C.Wilkinson Well Drilling 135
Business name License No.
Address 1028 Ida, Wichita Ks.
Signed B.C. Wilkinson Date 9-23-75
Authorized representative

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

Form WWC-5

677-H