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 NW NE NW

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

Distance and direction from nearest town or city: see remarks 16

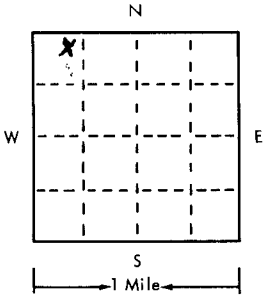
Street address of well location if in city: 3712 ~~Fair~~Haven E. Haven Dr.

3 Owner of well: Complete Home Builders Inc.

Address: P.O.Box 228 Mulvane, Kansas

Locate with "X" in section below:

Sketch map:



2 Type and color of material	From	To
Overburden	0	7
Fine Sand	7	10
Fine to course Sand	10	20
1/8" Gravel	20	25
(use a second sheet if needed)		

4 Well depth: 25 ft. Date of completion 8-27-75
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 ☐ Diam. Surface 12 in.
Weight 200 lbs/ft. Sked
5 in. to 25 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

8 Screen:
Manufacturer J&L
Type RMP Dia. 5"
(Slot)/Gauze _____ 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 8-27-75

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 [redacted] 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 North 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
☐ Centrifugal ☐ Other

16 Remarks: elevation Aprox 1275 MSL)Derby Ks Exit K15 Washington St W 1 M-see Hancock acres
Home Builders Inc.Will comply with State Health Dept regarding Cement Slab

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

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.WilkinsonWelldrilling 135
Business name License No.
Address 1028Ida Wichita Kansas
Signed B.C.Wilkinson Date 9-23-75
Authorized representative

Signature Carl R. Rogers President

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

Form WWC-5

677-H