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, Konsos 66620

BILLED: Twenty-First Electric Company

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Rockford	NW NW¼ NE¼	30	29S	2E

Distance and direction from nearest town or city: 3 miles South of Derby, Kansas

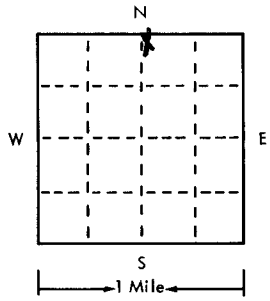
Street address of well location if in city:

3 Owner of well: Gary Borrow

Address: Derby, Kansas

Locate with "X" in section below:

Sketch map:



APR

4 Well depth: 95 ft. Date of completion 7-28-75
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 styrene Height: above/below ///
Threaded ☐ Welded ☐ Surface 12 in.
Diam. Weight ___ lbs./ft.
5 in. to 95 ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Red Dirt	0	3
Red Sandy Clay	3	25
Fine Sand	25	30
Red Sand Clay	30	45
Fine Sand	45	55
Blue Shale	55	95
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .005 Length 40
Set between 55 ft. and 95 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼-1/8"

9 Static water level:
45 ft. below land surface Date 7-28-75

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: capped
☐ Pitless adapter 12 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 11 ft.

14 Nearest source of possible contamination: Septic
ft. 75 Direction North Type tank
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

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.
Harp Well & Pump 236
Business name License No.
Address Wichita, Kansas
Signed M Arnold Date ___
Authorized representative

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

Form WWC-5

677-H