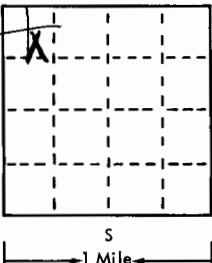


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

|   |                         |                                  |  |  |                              |   |  |  |  |
|---|-------------------------|----------------------------------|--|--|------------------------------|---|--|--|--|
| 1 Location of well:   | County<br><b>HARVEY</b> | Township name<br><b>SEADWICK</b> | Fraction<br><b>NW 1/4 - SE 1/4</b>         | Section number<br><b>34</b>  | Town number<br><b>T-24-S</b> | Range number<br><b>R-1-W</b>  |  |  |  |
| Distance and direction from nearest town or city:<br><b>SEADWICK</b>  |                         |                                  | 3 Owner of well:<br><b>JIM EVERLEY</b>     |  |                              |   |  |  |  |
| Street address of well location if in city:<br><b>505 FRANKLIN</b>  |                         |                                  | Address:<br><b>505 FRANKLIN - SEADWICK</b> |  |                              |   |  |  |  |
| Locate with "X" in section below:<br>N<br> |                         | Sketch map:                      |  | 4 Well depth: <b>60</b> ft. Date of completion <b>6/30/25</b><br>Well diameter <b>11</b> in. |                              |   |  |  |  |
| 2   |                         | Type and color of material       |  | From   |                              | To  |  | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary  |  |
|   |                         |                                  |  |  |                              |   |  | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><b>y6</b> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well  |  |
|   |                         |                                  |  |  |                              |   |  | 7 Casing: Material <b>PVC</b> Height: <b>9</b> ft. above surface<br>Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>Diam. <b>5"</b> Weight <b>2.25</b> lbs./ft.<br><b>+ 12</b> in. to <b>60</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|   |                         |                                  |  |  |                              |   |  | 8 Screen:<br>Manufacturer <b>OWN - CERT-TECH</b><br>Type <b>PVC</b> Dia. <b>5"</b><br>Slot/gauze <b>0.0468</b> Length <b>10'</b><br>Set between <b>45</b> ft. and <b>55</b> ft.<br>Fittings: <b>1 1/2" 3/4"</b><br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material                        |  |
|   |                         |                                  |  |  |                              |   |  | 9 Static water level:<br><b>19</b> ft. below land surface Date <b>6/30/25</b>  |  |
| (use a second sheet if needed)  |                         |                                  |  |  |                              | 10 Pumping level below land surfaces:<br><b>22</b> ft. after <b>1</b> hrs. pumping <b>20</b> g.p.m.<br>ft. after hrs. pumping g.p.m.<br>Estimated maximum yield <b>140</b> g.p.m.   |  |  |  |
|   |                         |                                  |  |  |                              | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date  |  |  |  |
|   |                         |                                  |  |  |                              | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade   |  |  |  |
|   |                         |                                  |  |  |                              | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite<br>Depth: From <b>10</b> ft. to <b>0</b> ft.   |  |  |  |
|   |                         |                                  |  |  |                              | 14 Nearest source of possible contamination:<br>ft. <b>15</b> Direction <b>NE</b> Type <b>house sewer line</b><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |  |  |
| 16 Remarks: elevation   |                         |                                  |  |  |                              | 15 Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name <b>VALLEY</b><br>Model number <b>SERIES MF-3072</b> HP <b>3/4</b> Volts <b>230</b><br>Length of drop pipe <b>45</b> ft. capacity <b>18</b> g.m.p.<br>Type:<br><input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |  |  |
|   |                         |                                  |  |  |                              | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>PAUL'S INC</b> <b>125</b><br>Business name License No.<br>Address <b>Box 26</b><br>Signed <b>Paul Bamlett</b> Date <b>6/30/25</b><br>Authorized representative   |  |  |  |
|   |                         |                                  |  |  |                              |   |  |  |  |
|   |                         |                                  |  |  |                              |   |  |  |  |
|   |                         |                                  |  |  |                              |   |  |  |  |