

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

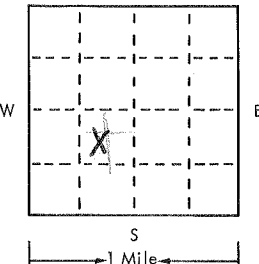
WATER WELL RECORD
KSA 82a-1201-1215

sent 11/6/75

T	R	EW	sec 1/4 1/4 1/4 No.
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Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SWNESW

1 Location of well:	County <u>Sedgwick</u>	Township name <u>Valley</u>	Fraction <u>A-25 S</u>	Section number <u>10</u>	Town number <u>T 25 S</u>	Range number <u>R-1-W</u>
Distance and direction from nearest town or city: <u>2 1/2 E</u> <u>of Sedgwick</u>				3 Owner of well: <u>Wilfred Bergkamp</u> <u>Bergkamp</u> <u>Rt. 2</u> <u>Sedgwick Ks</u>		
Locate with "X" in section below: N  S 1 Mile				Sketch map: <u>CAC</u>		
2 Type and color of material				From	To	4 Well depth: <u>65</u> ft. Date of completion <u>2-1-75</u> Well diameter <u>30</u> in.
<u>Top soil</u>				<u>0</u>	<u>20</u>	5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary
<u>gravel</u>				<u>20</u>	<u>65</u>	6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐
						7 Casing: Material <u>Cement</u> Height: above/below Threaded ☐ Welded ☐ Surface <u>36</u> in. Diam. <u>16</u> in. to <u>65</u> ft. depth Drive shoe? ☐ Yes ☒ No Weight <u>33</u> lbs./ft.
						8 Screen: Manufacturer <u>Hastings</u> Type <u>Ab-Cem</u> Dia. <u>16"</u> Slot/gauge <u>1/4</u> Length <u>26</u> Set between <u>39</u> ft. and <u>65</u> ft. Fittings: <u>3</u> Gravel pack ☒ Yes ☐ No Size range of material <u>8</u>
						9 Static water level: <u>20</u> ft. below land surface Date <u>2-1-75</u>
						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: ☐ Pitless adapter <u>34</u> inches above grade
						13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ Depth: From <u>0</u> ft. to <u>11</u> ft.
						14 Nearest source of possible contamination: ft. <u>100</u> Direction <u>North</u> Type <u>Lagoon</u> Well disinfected upon completion? ☒ Yes ☐ No
						15 Pump: ☐ Not installed Manufacturer's name <u>Peerless</u> Model number <u>6-14624</u> HP <u>15</u> Volts <u>440</u> Length of drop pipe <u>40</u> ft. capacity <u>600</u> g.m.p. Type: ☐ Submersible ☒ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other
16 Remarks: elevation				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. <u>Werning & Pautler</u> <u>238</u> Business name License No. Address <u>Wai 2c Ks</u> Signed <u>Dm Werning</u> Date <u>2-29-75</u> Authorized representative		
Topography: ☒ Hill ☐ Slope ☐ Upland ☐ Valley						

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

Form WWC-5