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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Greeley	NW¼ NW¼	5	25S	3W

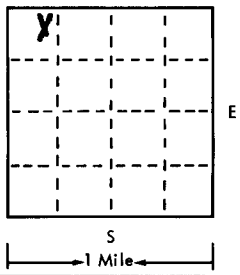
Distance and direction from nearest town or city: 3 miles North, ½ mile West of Mt. Hope Kansas on South Side

Street address of well location if in city:

3 Owner of well: Ronnie Young

Address: Burrton, Kansas 67020

Locate with "X" in section below:



Sketch map:

4 Well depth: 65 ft. Date of completion 5-27-75
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 ☒ irrigate garden

7 Casing: Material styrene Height: above/below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 5 in. to 65 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☐ No

2 Type and color of material	From	To
Dirt and Sandy Soil	0	10
Fine Sand	10	20
Coarse Sand	20	40
Grey Clay	40	50
Coarse Sand and Fine Gravel	50	65
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .005 Length 15'
Set between 50 ft. and 65 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1-1/8"

9 Static water level:
16 ft. below land surface Date 5-27-75

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:
☐ Pitless adapter 12 capped ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
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

Flat Ground.
No apparent source of contamination near.

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 Service, 236
Business name License No.
Address Wichita, Kansas 67209
Signed M. Arnold Date 5-28-75
Authorized representative

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

Form WWC-5

677-H