

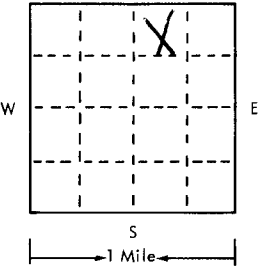
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

NE NW NW

1 Location of well:	County <u>Sedgwick</u>	Township name <u>Greely</u>	Fraction <u>R-25-S</u>	Section number <u>25</u>	Town number <u>25S</u>	Range number <u>R-3-W</u>
Distance and direction from nearest town or city: <u>3 1/2 East Mt Hope</u>				3 Owner of well: <u>Willie Winter</u> Address: <u>Mt Hope</u>		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <u>48</u> ft. Date of completion <u>4-21-75</u> Well diameter <u>5</u> in.		
2 Type and color of material				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 <u>RMPS</u> Height: <u>28</u> in. Threaded ☐ Welded ☐ Surface ☐ in. Diam. <u>5 1/2</u> in. to <u>4 1/2</u> ft. depth Drive shoe? ☐ Yes ☒ No <u>5</u> in. to <u>48</u> ft. depth		
				8 Screen: Manufacturer <u>Lowell</u> Type <u>RMPS</u> Dia. <u>5 1/2</u> ☒ Slot/gauze <u>1/16</u> Length <u>10</u> Set between <u>48</u> ft. and <u>38</u> ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material <u>3/8</u>		
				9 Static water level: <u>8</u> ft. below land surface Date <u>4-21-75</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 ☒ 18 inches above grade		
				13 Well grouted? ☐ Yes ☒ No ☐ Neat cement ☐ Bentonite ☐ ____ Depth: From ____ ft. to ____ ft.		
				14 Nearest source of possible contamination: ft. <u>1 mile</u> Direction <u>North</u> Type <u>River</u> Well disinfected upon completion? ☐ Yes ☒ No		
16 Remarks: elevation Topography: ☐ Hill ☒ Slope ☐ Upland ☐ Valley				15 Pump: ☒ Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
				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>Weninger</u> <u>238</u> Business name <u>Don Weninger</u> License No. ____ Address <u>Manly</u> Date <u>5-20-75</u> Signed <u>Manly</u> Authorized representative		

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

Form WWC-5