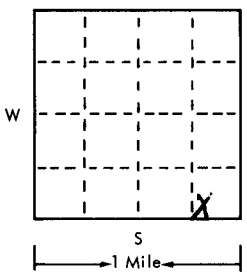


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Sedgwick</u>	Township name <u>Park</u>	Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section number <u>19</u>	Town number <u>T26S</u>	Range number <u>R1W</u>
Distance and direction from nearest town or city: <u>in town</u>			3 Owner of well: <u>Troy Griffen Const. Co.</u>			
Street address of well location if in city: <u>725 Atherton</u>			Address: <u>1725 Atherton Mazie KS</u>			
Locate with "X" in section below: N 		Sketch map: <u>Lot 12 N25' 11 BIK 4</u> <u>Canrell's Ecl 2</u> <u>Mazie, Sed, KS.</u>		4 Well depth: <u>48'-4"</u> ft. Date of completion: <u>1-28-75</u> Well diameter: <u>6 1/2</u> in.		
2		Type and color of material		From	To	5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
		<u>Red clay/sand</u>		<u>0</u>	<u>8</u>	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
		<u>TAN " "</u>		<u>8</u>	<u>13</u>	7 Casing: Material <u>PVC</u> Height: <u>above/below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Dig. _____ Weight _____ lbs./ft. _____ <u>6</u> in. to <u>48'-4"</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!
		<u>4" layer iron oxide</u>		<u>13</u>		8 Screen: Manufacturer <u>Sun Flower</u> Type <u>Slot</u> Dia. <u>6 1/2"</u> Slot gauge <u>1/16</u> Length <u>5'</u> Set between <u>43</u> ft. and <u>48</u> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____
		<u>TAN fine sand</u>		<u>13</u>	<u>25</u>	9 Static water level: <u>19</u> ft. below land surface Date <u>1-28-75</u>
		<u>4" layer yellow clay</u>		<u>25</u>		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.
		<u>LT. Brown med sand</u>		<u>25</u>	<u>35</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<u>DARK Brown coarse gravel</u>		<u>35</u>	<u>48</u>	12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> <input checked="" type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: <u>bank north</u> ft. <u>10</u> Direction <u>South</u> Type <u>Cast Iron Sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> 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>Brotheroe Pump Well 295</u> Business name _____ License No. _____ Address <u>827 W 27 St Sedgwick KS</u> Signed <u>[Signature]</u> Date <u>2-1-75</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>grade Basement floor</u>				

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

J.A.S.

Form WWC-5