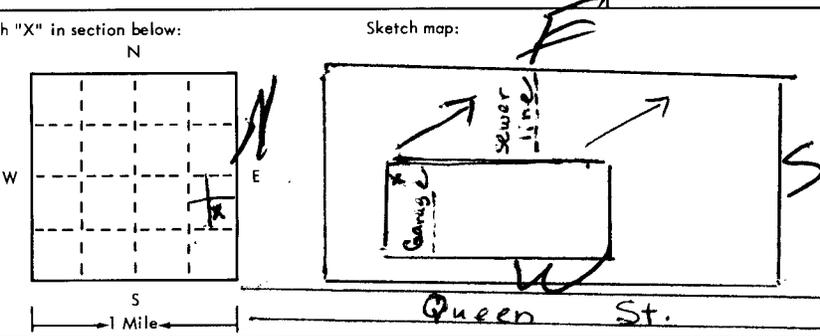


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Sedwick	Township name Park	Fraction SE, NE, SE	Section number 19	Town number T-26-S	Range number RIW			
Distance and direction from nearest town or city: Street address of well location if in city: same				3 Owner of well: Helen Slower Address: 620 Queen Maize, Kans.					
Locate with "X" in section below: N W E S 1 Mile				Sketch map: 					
2 Type and color of material				From		To			
				gray clay		0		19	
				course sand		19		25	
				extra fine sand		25		28	
4 Well depth: 28 ft. Date of completion: 3-31-76 Well diameter 10 in.				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					
6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____				7 Casing: Material RMP Height: above/below glued Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight 0.100 lbs./ft. _____ 6 in. to 18 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth					
8 Screen: Sunflower Manufacturer _____ Type RMP Dia. 6 in Slot/gauze 0.75 x 2 in Length _____ Set between 18 ft. and 28 ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____				9 Static water level: 8 ft. below land surface Date 3-17-76					
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: Health Dept. City <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date ? of Wichita					
12 Well head completion: 13 in <input type="checkbox"/> Pitless adapter <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 0 ft. to 10 ft.					
14 Nearest source of possible contamination: Sewer ft. 30 Direction S Type line Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No				15 Pump: <input checked="" 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 Offered to move well outside to better location. Water depth is not satisfactory to my standards. Owner declined offer. Well is not guaranteed. Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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. Whitchurch Well Service 309 Business name _____ License No. _____ Address 520 James St Maize Signed [Signature] Date 4-20-76 Authorized representative					

26 1 W 19 SE NE SE