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	Park	NW 1/4 SW 1/4 SE 1/4	19	T26S	R 1 W

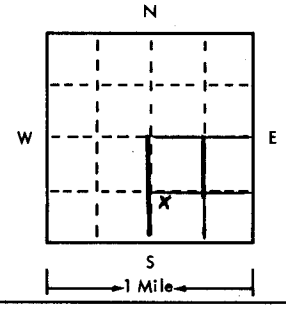
Distance and direction from nearest town or city:

Street address of well location if in city: 702 Surrey Ln Maize KS

3 Owner of well: Griffin Const. Co

Address: 702 James Maize KS 67101

Locate with "X" in section below:



Sketch map:

NW 1/4 of the SW 1/4 of the SE 1/4

4 Well depth: 49 ft. Date of completion 3-18-76
Well diameter 11 in. Bore hole

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 RMPVC Height: (above)/below
Threaded ☐ Welded ☐ Surface 12 in.
Dia. 6 in. to 0 ft. depth Weight _____ lbs./ft.
6 in. to 49 ft. depth Drive shoe? ☐ Yes ☒ No

2 Type and color of material	From	To
Clay & Sand mix Reddish-Brown	0	11
Fine " Light Tan	11	17
Medium " " "	17	35
Course " " Brown	35	49
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower
Type PVC RMP Dia. 6"
(Slot)/gauze 3/16 Length 5 ft
Set between 44 ft. and 49 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material _____

9 Static water level:
19 ft. below land surface Date 3-18-76

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 50 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter 12" ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentanite ☐ _____
Depth: From 0 ft. to 11 ft.

14 Nearest source of possible contamination:
CI
ft. 1451 Direction NW Type Sewer
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
☐ Centrifugal ☐ Other

16 Remarks: elevation

owner will install pump upon completion of construction of new home

Topography:
■ Hill
☐ Slope
☐ Upland
☐ 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.
Protheroe Pump & Well 295
Business name License No.
Address 827 W 37th So
Signed [signature] Date 3-22-76
Authorized representative

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

Form WWC-5

677-H

T26S R1W Sec. 19 NW¼ SW¼ SE¼