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	R1W

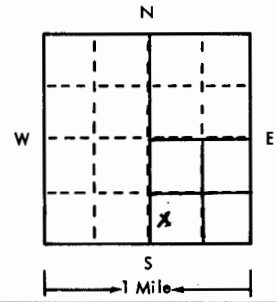
Distance and direction from nearest town or city:

Street address of well location if in city: 710 Surrey Ln. Mazie, KS

3 Owner of well: Griffin Const. Co.

Address: 702 James Mazie KS 67101

Locate with "X" in section below:



Sketch map:

NW 1/4 of The
SW 1/4 " "
SE 1/4

4 Well depth: 47 ft. Date of completion 3-17-76
Well diameter 11 in. Bore

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 Above Ground Height: (above)/below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. Weight _____ lbs./ft.
~~6~~ in. to 0 ft. depth Drive shoe? ☐ Yes ☒ No
6 in. to 47 ft. depth

2 Type and color of material		From	To
Clay-Sand mix	Reddish-Brown	0	11
Fine Sand	Light Tan	11	17
Medium Sand	" "	17	35
" Course	" Brown	35	47

(use a second sheet if needed)

8 Screen:
Manufacturer Sun-Flower
Type ~~PVC~~ PVC DIM Dia. 6"
Slot/gauze 3/16 Length 5 ft
Set between 42 ft. and 47 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material _____

9 Static water level:
19 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 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 ☐ Bentonite ☐ _____
Depth: From 0 ft. to 11 ft.

14 Nearest source of possible contamination:
ft. 21 ft Direction South Type CI 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.
Rotheroe Pump & Well 295
Business name License No.
Address 827 W. 27th So. Wichita KS
Signed [signature] Date 3-20-76
Authorized representative

T26S R1W SEC. 19 NW¼ SW¼ SE¼

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

Form WWC-5

677-H