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 | NE 1/4 SW 1/4 SE 1/4 | 19 | T-26S | R-1W |

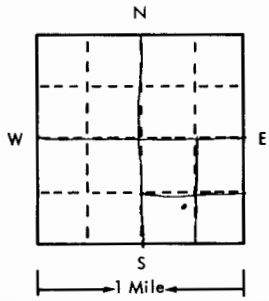
Distance and direction from nearest town or city:

Street address of well location if in city: 709 Atherton Mazie

3 Owner of well: Griffin Const.

Address: 709 Atherton Mazie

Locate with "X" in section below:




Sketch map: NE 1/4 of the SW 1/4 " " SE 1/4

4 Well depth: 45'-6" ft. Date of completion 1-16-76
Well diameter 9 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 PVC 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 45-6 ft. depth

2

| Type and color of material | From | To |
|---|---|---|
| Red clay & Sand | 0 | 3 |
| Tan Sand | 3 | 5 |
| Gray " | 5 | 8 |
| Iron Oxide (Rust) | 8 | 9 |
| Lt. Brown Sand | 9 | 17 |
| Water gravel course | 17 | 45-6 |

(use a second sheet if needed)

8 Screen:
Manufacturer Sunflower
Type PVC Dia. 6
Slot/gauze 3/16 Length 5 ft
Set between 40-6 ft. and 45 ft 6"
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ___

9 Static water level:
17-4 ft. below land surface Date 1-16-76

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:
☐ 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: CI
ft. 12 Direction West Type Sewer
Well disinfected upon completion? ☒ Yes ☐ No MHC

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
☐ Certrifugal ☐ Other

16 Remarks: elevation

Well in Basement

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.
Business name Rotheroe Pump & Well 295 License No.
Address 827 W 27 So. Wichita KS
Signed [signature] Date 1-16-76
Authorized representative

26 1W 19 NE SW SE

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

Form WWC-5

677-H