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~~ SE 1/4 SE 1/4	19	26 S	R 1 W

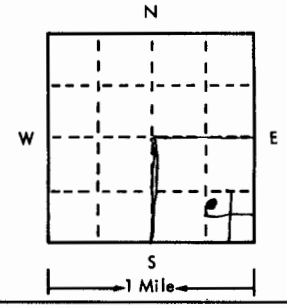
Distance and direction from nearest town or city:

Street address of well location if in city: 718 Trotter Mazie KS

3 Owner of well: Troy Griffin Const. Co

Address: 702 James Mazie KS

Locate with "X" in section below:



Sketch map:
NW 1/4
SE 1/4
SE 1/4

4 Well depth: 44 ft. Date of completion 4-10-75
Well diameter 10 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 13 in.
Diam. Weight _____ lbs./ft.
10 in. to 0 ft. depth Drive shoe? ☐ Yes ☒ No
10 in. to 44 ft. depth

2 Type and color of material	From	To
Reddish Sand-Clay mix	0	5
Light Blue-Green Clay	5	18
Red (Rust)	18	18½
Fine Tan Sand	18½	23
Med fine Brown Sand (Clay Balls)	23	25
Med Course Brown gravel	25	44
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower
Type PVC Dia. 10"
Slot/gauze 3/40 Length 5 ft
Set between 39 ft. and 44 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material _____

9 Static water level:
18 ft. below land surface Date 4-10-75

10 Pumping level below land surfaces: 18'
_____ 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 13 ☒ 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. 20 Direction South Type Floor drain
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

Topography:
☒ Hill
☐ Slope
☐ Upland
☐ Valley

Basement Grade

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.
Brotherce Pump & Well 295
Business name 827 W 21st So. License No.
Address _____
Signed _____ Date 4-10-75
Authorized representative 4-10-75

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

Form WWC-5

677-H