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

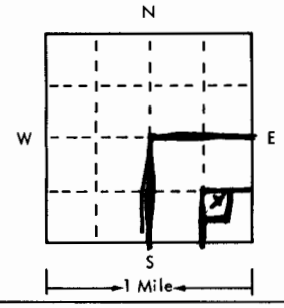
Distance and direction from nearest town or city:

Street address of well location if in city: 702 Atherton

3 Owner of well: T.A. Griffin

Address: 702 James MAIZE KS.

Locate with "X" in section below:



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

4 Well depth: 33 ft. Date of completion 8-28-75
Well diameter 9" 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 PVC Plastic Weight: ☐ above ☐ below
Threaded ☐ Welded ☐ Surface 12" in.
Diam. 6 in. to 0 ft. depth Weight _____ lbs./ft.
6 in. to 33 ft. depth Drive shoe? ☐ Yes ☒ No

2 Type and color of material	From	To
Red Clay Soil mix	0"	5'
Red Orange Sand	5'	15'
Lt. Brown Water gravel	15'	33'
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Mfg
Type PVC Dia. 6"
Slot/gauze 5/16 Length 5'
Set between 28 ft. and 33 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of materiol ___

9 Static water level:
15 ft. below land surface Date 8-28-75

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 10 ft.

14 Nearest source of possible contamination:
ft. 10 Direction North 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 Grade Basement floor

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.
Brotherco Pump & Well 295
Business name License No.
Address 827 W 27th So.
Signed [signature] Date 9-4-75
Authorized representative

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

Form WWC-5

677-H