USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

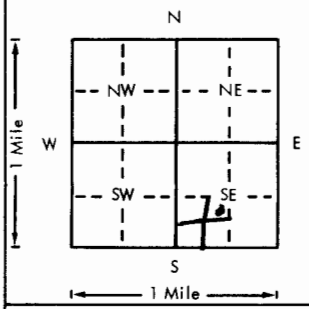
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	NE 1/4 SW 1/4 SE 1/4	19	T 26 S	R 1 E (W)

2. Distance and direction from nearest town or city:

Street address of well location if in city: 733 Queen Maize KS

3. Owner of well: Troy Griffin Construction Co
R.R. or street: 702 James
City, state, zip code: Maize KS 67101

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 9 in. Completion date 9-20-77
Well depth 43 ft.

7. ___ Cable tool ___ Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted X Bored ___ Reverse rotary

8. Use: X Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning ___ Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material RMP (Old) Height: (Above) or below
Threaded ___ Welded ___ Surface 12 in.
RMP X PVC ___ Weight 1.95 lbs./ft.
Dio. ___ in. to ___ ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
Reddish sand/clay loam	0	8
Tan " " "	8	12
yellow Iron oxide (Rust)	12	16
Light Brown Medium Course gravel	16	32
DARK Brown Course gravel	32	43

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower mfg. Co
Type RMP Dia. 6"
(Slot) gauze .034 Length 5 FT.
Set between 38 ft. and 43 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material ___

11. Static water level: mo./day/yr.
18-6 ft. below land surface Date 9-20-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion:
___ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 15 Direction South Type Sewer
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
X Hill
___ Slope
___ Upland
___ Valley

19. Remarks: Well in Basement

20. 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.
Protherore Pump & Well 295
Business name License No.
Address 827 N 22nd Wichita KS
Signed [signature] Date 9-21-77
Authorized representative

T 26 — R 1 (W) Sec 19 1/4 NE 1/4 SW 1/4 SE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023