Sent 3-2-77

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	19	T 26 S	R 1 W

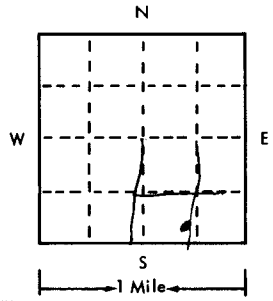
Distance and direction from nearest town or city:

Street address of well location if in city: 734 Atherton Mazie

3 Owner of well: Griffin Const Co

Address: 734 Aterton mazie KS

Locate with "X" in section below:



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

4 Well depth: 53'-3 ft. Date of completion 1-11-76
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 Surface 12 in.
Threaded ☐ Welded ☐ Weight ____ lbs./ft.
Diam. 8 in. to 0 ft. depth Drive shoe? ☐ Yes ☒ No
6 in. to ~~53'-3~~ 45-9 ft. depth

2 Type and color of material	From	To
Red Sand & Clay	0	4
Gray Sand	4	9
Lt Brown "	9	19
Lt. " Water gravel med	19	~~53'-3~~
		45-3

(use a second sheet if needed)

8 Screen:
Manufacturer Sunflower
Type PVC Dia. 4"
Slot/gauze 3/16 Length 5'
Set between 48 ft. and 53 ft. 3
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ____

9 Static water level:
12 ft. below land surface Date 1-11-76

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:
ft. 15 Direction SW 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

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.
Brotheroe Pump & Well 295
Business name License No.
Address 827 W. 27 So Wichita
Signed Henry J. Brotheroe Date 1-16-76
Authorized representative

26 1 W 19 NE SWS

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

Form WWC-5

677-H