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 Contractars)
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 24 S	R 1 W

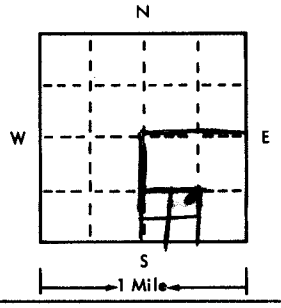
Distance and direction from nearest town or city:

Street address of well location if in city: 725 James Mazie KS

3 Owner of well: Troy Griffin Const.

Address: 702 James Mazie KS

Locate with "X" in section below:



Sketch map:

NE 1/4
SW 1/4
SE 1/4

4 Well depth: 48'-6" ft. Date of completion 7-7-75
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 Height: (above)/below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. Weight ____ lbs./ft.
____ in. to ____ ft. depth Drive shoe? ☐ Yes ☒ No
____ in. to ____ ft. depth

2 Type and color of material	From	To
Red Sand & clay mix	0	5
Light Gray clay	5	8
Red Sand	8	13
Dark Brown Sand & clay mix	13	18
" " med Sand	18	35
Light Brown med Course gravel	35	48-6
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower
Type PVC Dia. 4"
Slot/gauze 3/16 Length 5 ft.
Set between 43-6 ft. and 48 ft. 6
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ____

9 Static water level:
17-10 ft. below land surface Date 7-7-75

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 30 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion:
☐ Pitless adapter ☒ 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. 12 Direction SE 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
☐ Certrifugal ☐ Other

16 Remarks: elevotion

48'-6" TOTAL
17'-10" To WATER
30'-8" of WATER

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

Grade BASEMENT Floor

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.
Protheroe Pump & Well 295
Business name License No.
Address 827 W 27th So.
Signed _____ Date 7-9-75
Authorized representative

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

Form WWC-5

677-H