

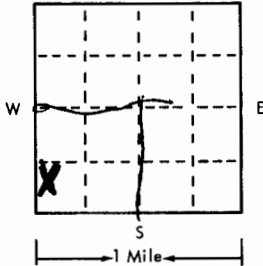
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

NW 1/4
1/4

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County: <u>Sedg</u>	Township name: <u>PARK</u>	Fraction: <u>SW 1/4</u>	Section number: <u>20</u>	Town number: <u>26S</u>	Range number: <u>1W</u>			
Distance and direction from nearest town or city: <u>1/2 mile So of MAIZE KS</u>			3 Owner of well: <u>DAVE RIDDER</u> Address: <u>4908 W. 1st. WICHITA KS</u>						
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>50</u> ft. Date of completion: <u>5/20</u> Well diameter: <u>3</u> in.					
		<u>New home well in BASEMENT.</u>		5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary					
2		Type and color of material		From		To		6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐	
								7 Casing: Material: <u>plastic</u> Height: above/below Threaded ☐ Welded ☐ Surface <u>18</u> in. Diam. <u>5</u> in. Weight <u>150</u> lbs./ft. <u>100</u> <u>5</u> in. to <u>50</u> ft. depth Drive shoe? ☐ Yes ☒ No	
								8 Screen: Manufacture: <u>Jesse & Lowell</u> Type: <u>plastic</u> Dia. <u>5</u> Slot/gauze <u>40</u> Length <u>10</u> Set between <u>40</u> ft. and <u>50</u> ft. Fittings: <u>7/8</u> Gravel pack ☒ Yes ☐ No Size range of material	
								9 Static water level: <u>15</u> ft. below land surface Date <u>5/20</u>	
								10 Pumping level below land surface: ____ ft. after _____ hrs. pumping _____ g.p.m. ____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>100</u> g.p.m.	
11 Water sample submitted: ☐ Yes ☒ No Date _____		12 Well head completion: ☐ Pitless adapter <u>18</u> inches above grade		13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ Depth: From <u>13</u> ft. to <u>23</u> ft.		14 Nearest source of possible contamination: ft. _____ Direction <u>NONE</u> Type _____ 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 <u>upland.</u>		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. <u>WERNER</u> <u>Reg 1238A</u> Business name _____ License No. _____ Address <u>MAIZE KS</u> Signature <u>[Signature]</u> Date <u>5/20</u> Authorized representative					

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

Form WWC-5