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

SW NW NE SE

1 Location of well: County Sedg. | Township name PARK | Fraction ~~SW-SE-NW~~ | Section number 31 | Town number 1W | Range number 26S

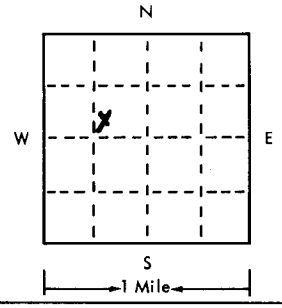
Distance and direction from nearest town or city: 2 1/2 S0 Maize 1/4 West.

Street address of well location if in city: 3254 No Lola Wichita

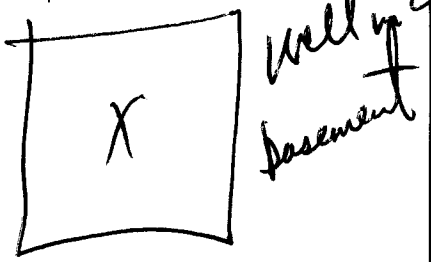
3 Owner of well: Don Sones

Address: 541 Trotter Maize KS 67101.

Locate with "X" in section below:



Sketch map:



4 Well depth: 60 ft. Date of completion 6/23/76.
Well diameter ~~5~~ in. 11"

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. 5 in. to 60 ft. depth Weight 231 lbs./ft. 160
Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top soil.	0	6
yld clay.	6	18
fine Sand.	18	32
clay	32	33
med. to course gravel	33	60

(use a second sheet if needed)

8 Screen:
Manufacturer Pumpco - MPI
Type PVC Dia. 5 in.
Slot/gauze 110 Length 50 ft.
Set between 55 ft. and 60 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/8

9 Static water level:
22 ft. below land surface Date 6/23/76

10 Pumping level below land surface:
22 ft. after 1/2 hrs. pumping 20 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 50 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 2 ft. to 18 ft.

14 Nearest source of possible contamination:
ft. ___ Direction None 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

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.
Business name Wenger Drilling License No. 318
Address Colwich KS
Signed _____ Date 6/25/76
Authorized representative

26 1W 31 SW SE NW

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

Form WWC-5

677-H