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	Delano	NE NW SE	1	27	1W

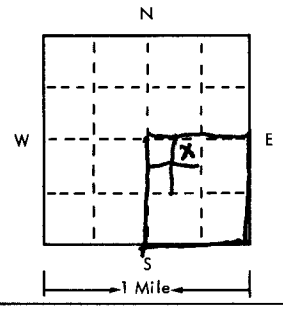
Distance and direction from nearest town or city:

Street address of well location if in city: 2444 Hyacinth

3 Owner of well: Mrs Saul Moore

Address: 2444 Hyacinth

Locate with "X" in section below:



Sketch map:

4 Well depth: 24 ft. Date of completion 8-15-75
Well diameter 5" in.

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 Steel Height (above) below
Threaded ☒ Welded ☐ Surface 1 in.
Diam. 5" in. to 10 ft. depth Weight 2.28 lbs./ft.
Diam. 1¼ in. to 25 ft. depth Drive shoe? ☐ Yes ☐ No

2 Type and color of material	From	To
Sand	0	10
Gravel	10	25

(use a second sheet if needed)

8 Screen:
Manufacturer Johnson
Type Steel Dia. 1.25
Slot gauze 10 Length 5 ft
Set between 20 ft. and 25 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ___

9 Static water level:
15 ft. below land surface Date 8-15-75

10 Pumping level below land surfaces:
15 ft. after 1 hrs. pumping 10 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 12" ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☒ Bentonite ☐ _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 30 Direction E 225 Type 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: 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.
21st Electric Inc 129
Business name License No.
Address 512 W 21st
Signed [signature] Date 8-20
Authorized representative

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

Form WWC-5

677-H