Sent 10/10/75

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	Wichita	NW 1/4 NW 1/4 NE 1/4	13	T 27 S	R 1 W

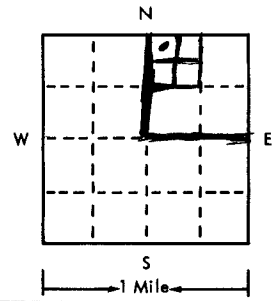
Distance and direction from nearest town or city:

Street address of well location if in city: 1221 Mt. Carmel Ct

3 Owner of well: ~~[illegible]~~ Max Prier

Address: 1224 N. Sheridan

Locate with "X" in section below:



Sketch map: NW 1/4 of the NW 1/4 of the NE 1/4

4 Well depth: 35 ft. Date of completion 8-5-75
Well diameter 9 in. Bore

5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☒ Bored ☐ Reverse rotory

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.
6 in. to 0 ft. depth Drive shoe? ☐ Yes ☐ No
6 in. to 35 ft. depth

2 Type and color of material	From	To
Dark Gray Clay	0	4
Lt. Brown med Sand	4	13
Lt Brown med Gravel	13	35
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower
Type P.V.C. Dia. 6"
Slot/gauze 7/40 Length 5'
Set between 30 ft. and 35 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ____

9 Static water level:
13 ft. below land surface Date 8-5-75

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 13 ft.

14 Nearest source of possible contamination: Sump
ft. 12 Direction West Type Pump
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

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.
Protherce Pump & Well 295
Business name License No.
Address 827 W. 27th So.
Signed [signature] Date 8-5-75
Authorized representotive

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

Form WWC-5

677-H