

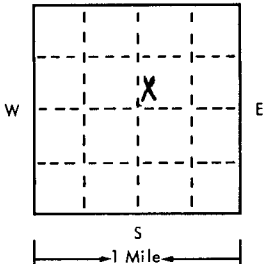
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

NW SW NW NE

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>Delano</u>	Fraction <u>SW NE NE</u>	Section number <u>27</u>	Town number <u>27</u>	Range number <u>1W</u>
Distance and direction from nearest town or city: Street address of well location if in city: <u>415 Maple lane</u>				3 Owner of well: <u>Charlton Izzard</u> Address: <u>415 Maple lane Wichita Kansas</u>		
Locate with "X" in section below: N  W S E 1 Mile				4 Well depth: <u>50</u> ft. Date of completion <u>7-19</u> Well diameter <u>11</u> in.		
2 Type and color of material				5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
				6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well		
From To				7 Casing: Material <u>Plastic</u> Height: <u>above</u> below Threaded ☐ Welded ☒ Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>11</u> in. to <u>10</u> ft. depth Drive shoe? ☐ Yes ☐ No <u>8</u> in. to <u>50</u> ft. depth		
				8 Screen: <u>Sunflower</u> Manufacturer _____ Type <u>Styrene</u> Dia. <u>5 1/2</u> Slot gauze <u>1005</u> Length <u>10'</u> Set between <u>40</u> ft. and <u>50</u> ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material _____		
(use a second sheet if needed)				9 Static water level: <u>15</u> ft. below land surface Date <u>7-18-75</u>		
				10 Pumping level below land surfaces: <u>15</u> ft. after <u>3</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>200</u> g.p.m.		
16 Remarks: elevation Topography: ☐ Hill ☐ Slope ☐ Upland ☒ Valley				11 Water sample submitted: ☐ Yes ☒ No Date _____		
				12 Well head completion: ☐ Pitless adapter <u>12</u> ☒ Inches above grade		
				13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ Depth: From <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: ft. <u>60'</u> Direction <u>South</u> Type <u>Power</u> Well disinfected upon completion? ☒ Yes ☐ No		
				15 Pump: ☐ Not installed Manufacturer's name <u>Dempster</u> Model number <u>DFH15</u> HP <u>3/4</u> Volts <u>220</u> Length of drop pipe <u>27</u> ft. capacity <u>20</u> g.p.m. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
				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>21st Electric Inc</u> <u>129</u> Business name _____ License No. _____ Address <u>512 W 21st</u> Signed <u>C.S. Morris</u> Date <u>7-21-75</u> Authorized representative		

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

Form WWC-5