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

SE SE NE

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Attica	~~T-27-S~~	34	27S	R-2-W

Distance and direction from nearest town or city: 3 East Goodard
Street address of well location if in city:

3 Owner of well: Larry Jeffery
Address: 223 Lamar Court Haysville

Locate with "X" in section below: (X in NE quarter, SE portion)
N / W / E / S — 1 Mile

Sketch map:

4 Well depth: 65 ft. Date of completion 4-28-75
Well diameter 5 in. Bore hole size

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 Styrex RMP Height: (above) below
Threaded ☐ Welded ☐ Surface 18 in.
Diam. Weight ___ lbs./ft.
5" in. to 65 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
gray clay	6	30
gray shale	30	65
customer was not going to pay me for cementing well and said he would do it		
(use a second sheet if needed)		

8 Screen:
Manufacturer J & Lowell
Type RMP Styron Dia. 5"
Slot/gauze ✓ Length 20'
Set between 45 ft. and 65 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 8

9 Static water level:
35 ft. below land surface Date 4-28-75

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 ☒ 18 Inches above grade

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

14 Nearest source of possible contamination:
ft. 400 Direction East Type creek
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.
Weninger Drilling 238
Business name License No.
Address Dan Weninger
Signed Mayo Kansas Date 4-24-75
Authorized representative

27 2E 34 SE SE NE

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

Form WWC-5

677-H