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

3

2	7	S	0	2	3	4			1/4E	
T		R		(W)	sec	1/4	1/4	1/4	No.	

WATER WELL RECORD
KSA 82a-1201-1215

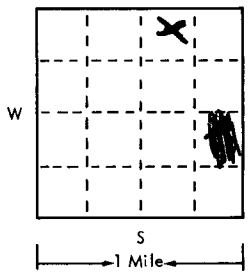
Kansas State Dept. Of Health
(Woter Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County: Sedg.	Township name: ATTICA	Fraction: NE 1/4	Section number: 34	Town number: 27S	Range number: 3 2W.

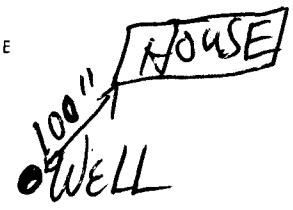
Distance and direction from nearest town or city: 3 mile W. and 3/4 So. Goddard Ks.
Street address of well location if in city:

3 Owner of well: Bob HAGAN
Address: 1311 MURRAY Wichita Ks.

Locate with "X" in section below:



Sketch map:



4 Well depth: 65 ft. Date of completion 5/17
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 plastic Height: above ☒ / below ☐
Threaded ☐ Welded ☒ Surface 18 in.
Diam. 5 in. to 65 ft. depth Weight 250 lbs./ft. 100
Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil	0	5
Clay	5	50
Blue Shale	50	65
(use a second sheet if needed)		

8 Screen:
Manufacturer JESSE / LOWELL
Type plastic Dia. 5
Slot/gauze ___ Length 20"
Set between 45 ft. and 65 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/8

9 Static water level:
40 ft. below land surface Date 5/17/75

10 Pumping level below land surfaces:
UNKNOWN ft. after ___ hrs. pumping ___ 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 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 3 ft. to 13 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
☐ Certrifugal ☐ Other

16 Remarks: elevation
ON UPLAND
NO CONTAMINATION NEAR.

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 DRLG 238
Business name MAIZE, KS License No.
Address
Signature Jerome Weninger 5/19
Authorized representative Date

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

Form WWC-5

677-H