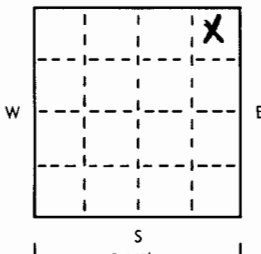


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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 <b>Sedgwick</b>	Township name <b>Illinois</b>	Fraction <b>NE NE NE</b>	Section number <b>5</b>	Town number <b>28S</b>	Range number <b>2W</b>
Distance and direction from nearest town or city: <b>1 mile East of</b>			3 Owner of well: <b>Ross Presnal</b>			
Street address of well location if in city: <b>Goddard, Ks South of</b>			Address: <b>Goddard, Kansas 67052</b>			
Locate with "X" in section below: N  W E S 1 Mile			4 Well depth: <b>40</b> ft. Date of completion <b>5-16-75</b> Well diameter <b>11</b> in.			
2 Type and color of material			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
			6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
			7 Casing: Material <b>Styrene</b> Height: above/below <b>12</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>40</b> ft. depth Weight <b>12</b> lbs./ft. <b>5</b> in. to <b>40</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			8 Screen: Manufacturer <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze <b>.005</b> Length <b>10'</b> Set between <b>30</b> ft. and <b>40</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1-1/8"</b>			
			9 Static water level: <b>18</b> ft. below land surface Date <b>5-16-75</b>			
(use a second sheet if needed)			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: <input type="checkbox"/> Yes <input type="checkbox"/> No Date ____			
			12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> <input checked="" type="checkbox"/> Inches above grade			
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>10</b> ft.			
			14 Nearest source of possible contamination: ft. <b>150</b> Direction <b>NE</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16 Remarks: elevation <b>Flat Ground</b>  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Sta-Rite</b> Model number <b>LP6D2</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>30</b> ft. capacity <b>20</b> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> 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. <b>Harp Well &amp; Pump 236</b> Business name <b>Wichita, Kansas 67209</b> Address <b>Wichita, Kansas 67209</b> Signed <b>M. C. C. C.</b> Date <b>5-19-75</b> Authorized representative			

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

Form WWC-5