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

WATER WELL RECORD KSA 82a-1201-1215

	T						
- -			Щ		• / 4	1/4	,
Т	R	EW	sec	1/4	1/4	1/4	No.

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

	County	Township name	Fraction	Section number			Town number	Range number		
1 Location of well:	Sedgwick	Afton Nw	NW SE	22	3		28 s	3W		
Distance and direction from nearest town or city: #14 Lake Ridge Lake Waltanna Goddard, Kansas 3 Owner of well: A. J. Schlegel 130 Rhodes Wichita, Kansas										
Locate with "X" in section below: N						4 Wel Wel	1-75			
						5 🗍				
w							6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well			
							7 Casing: Materia Styr Merght: above/bylight/ Threaded Welded Surface 12 in. Diam. 128 Weight Bis./ft.			
2	1 Mile			_	1 .	Diam. in. to 128 Weight — lbs./ft. — in. to — ft. depth Drive shoe? Yes No				
	· · · · · · · · · · · · · · · · · · ·	e and colar af material		From	То	8 Scre	ufacturer Sunflo	wer Plastic		
-	and sandy	soil		0	3	۱ -	Styrene	. 5 H		
Sandy clay				3	20		Slot/gauze - 005 Leggth 80 Set between - 48 ft. and - 28 ft			
Fine Sand				20	27		ings: vel pack 🔟 Yes 🗌 No S	ize range of material 🏪 🖚	1./8"	
Shale				27	128	9 Stat	ic water level: O_ft. below land surface	Date 3-21-75		
						ı	ping level below land surfa			
						-	ft. after hrs. nated maximum yield	pumping g.p.m.		
						11 Wat	er sample submitted:			
						12 Wel	Yes No Date I head completion: Completion: 12 The state of the state	apped		
						I3 Wel	I grouted? X Yes [Neat cement Bentonite th: From ft. to	,		
						14 Ned	restrource of possible con Direction	tamination: LStType_Sept	ic	
						Wel	l disinfected upon complet	ion? Yes No Not installed	t a nk	
						Mar	nufacturer's nameHi			
						Len	gth of drop pipe ft			
						Тур [,]	_] Turbine		
	(use	a second sheet if needed)					Jet Certrifugal	Reciprocating Other		
16 Remarks: elevation						1	er well contractor's certific well was drilled under my			
Topography:					report is true to the best of my knowledge and belief. Harp Well & Pump Serv. 236					
Hill TS Slope Upland						Busi Add Sigr	- 100 mm	Kansas 67	209 22 -75	
☐ Valley						<u> </u>	Authorized depresen	1411 7C		

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

Form WWC-5