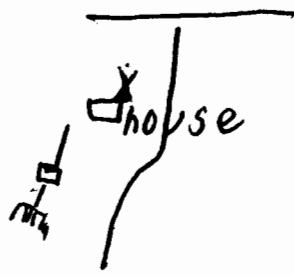


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County Johnson	Fraction NE 1/4 NE 1/4 NE 1/4 NW 1/4 NE 1/4	Section number 9	Township number T 15 S	Range number R 22 E/W		
Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Lo Varne Unruk R.R. or street: R4 City, state, zip code: Wichita, Kans.					
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		6. Bore hole dia. 8 1/2 in. Completion date 6-8-77 Well depth 60 ft.			
5. Type and color of material			From	To	7. <input checked="" type="checkbox"/> Cable tool <input 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			
			SOIL		0	6	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
			lime		6	12	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP NONE Weight _____ lbs./ft.	
			shald		12	20	Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
			lime		20	27	10. Screen: Manufacturer's name _____ NONE Type _____ Dio. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft.	
			shald		27	60	Gravel pack? NO Size range of material _____	
							11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
							12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield DRY HOLE g.p.m.	
							13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
							14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
				15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.				
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No				
				17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				
18. Elevation:		19. Remarks: This hole was refilled with from to bottom. CLAY		20. 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. EDGAR SWANK 124A Business name License No. Address R4 OTTAWA KANS. Signed Edgar Swank Date 8-6-77 Authorized representative				

T 15 R 22 W 9 NENE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5