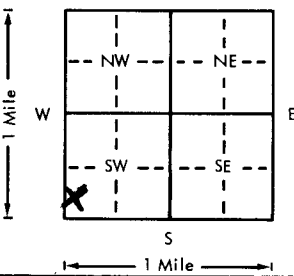


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>Marion</u> Fraction <u>SW 1/4 Sec 1/4 SW 1/4</u> Section number <u>4</u> Township number <u>T 18 S</u> Range number <u>R 3 E</u>																						
2. Distance and direction from nearest town or city: <u>2 3/4 S 2 E</u> Street address of well location if in city: <u>Tampa</u> 3. Owner of well: <u>Paul Beigel</u> R.R. or street: <u>821 Stratford</u> City, state, zip code: <u>Wichita, KS 67206</u>																						
4. Locate with "X" in section below: Sketch map: 																						
5. Type and color of material																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Top Soil</u></td> <td><u>0</u></td> <td><u>3</u></td> </tr> <tr> <td><u>Yellow Clay</u></td> <td><u>3</u></td> <td><u>26</u></td> </tr> <tr> <td><u>Some water</u></td> <td><u>26</u></td> <td><u>27</u></td> </tr> <tr> <td><u>Clay</u></td> <td><u>27</u></td> <td><u>39</u></td> </tr> <tr> <td><u>Water</u></td> <td><u>39</u></td> <td><u>40</u></td> </tr> <tr> <td><u>Shale</u></td> <td><u>40</u></td> <td><u>43</u></td> </tr> </tbody> </table>			From	To	<u>Top Soil</u>	<u>0</u>	<u>3</u>	<u>Yellow Clay</u>	<u>3</u>	<u>26</u>	<u>Some water</u>	<u>26</u>	<u>27</u>	<u>Clay</u>	<u>27</u>	<u>39</u>	<u>Water</u>	<u>39</u>	<u>40</u>	<u>Shale</u>	<u>40</u>	<u>43</u>
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6. Bore hole dia. <u>5 1/2</u> in. Completion date <u>4-13-78</u> Well depth <u>43</u> ft.																						
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																						
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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																						
9. Casing: Material <u>PVC</u> Height: <u>70</u> above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>70</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2440</u> lbs./ft. Dia. <u>5</u> in. to <u>13</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>13</u> ft. depth gage No. <u>250</u>																						
10. Screen: Manufacturer's name <u>ASTM</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/2</u> Length <u>20'</u> Set between <u>23</u> ft. and <u>43</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30-12</u>																						
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 _____ g.p.m.																						
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																						
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade																						
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.																						
16. Nearest source of possible contamination: <u>Septic</u> ft. <u>100+</u> Direction <u>NW</u> Type <u>Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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																						
(Use a second sheet if needed)																						
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:																					
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. <u>Backhus Drg 180</u> Business name _____ License No. _____ Address <u>Tampa</u> Signed <u>Paul Backhus</u> Date <u>4-13-78</u> Authorized representative																						

T 18 S R 3 E Sec 4

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

Form WWC-5