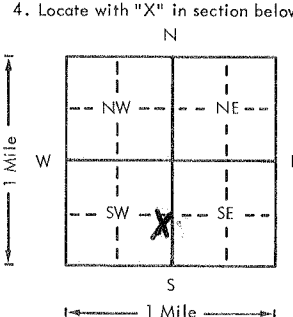
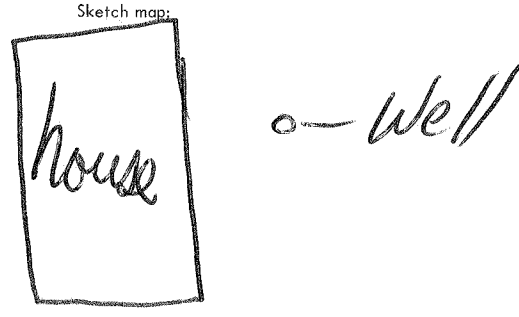


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Sedgwick</u> Fraction <u>NE 1/4 SE 1/4 SW 1/4</u> Section number <u>18</u> Township number <u>T 25 S</u> Range number <u>R 1 E</u>	
2. Distance and direction from nearest town or city: <u>2 No 1/2 E Valley Center</u> Street address of well location if in city: <u>21301 W. 101st No. Valley Center KS 67149</u>	
3. Owner of well: <u>George Pearson</u> R.R. or street: <u>21301 W. 101st No.</u> City, state, zip code: <u>Valley Center KS 67149</u>	
4. Locate with "X" in section below:  Sketch map: 	
5. Type and color of material	
	From To
<u>Top soil.</u>	<u>0 3</u>
<u>Red clay.</u>	<u>3 18</u>
<u>Charcoal shale.</u>	<u>18 63</u>
6. Bore hole dia. <u>4</u> in. Completion date <u>5/25/78</u> Well depth <u>63</u> ft.	
7. <input checked="" 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	
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	
9. Casing: Material <u>Styrene</u> Height Above or below Threading <u>Surface</u> <u>1 1/2</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.50</u> lbs./ft. Dia. <u>5</u> in. to <u>63</u> ft. depth Wall Thickness: inches or Dia. <u>200</u> in. to <u>200</u> ft. depth gage No. <u>200</u>	
10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>200</u> Dia. <u>5 1/2</u> Slot/gauze <u>1/16</u> Length <u>20 ft</u> Set between <u>43</u> ft. and <u>63</u> ft. <u>63</u> ft. and <u>63</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8</u>	
11. Static water level: <u>35</u> ft. below land surface Date <u>5/25/78</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>38</u> ft. after <u>1/2</u> hrs. pumping <u>12</u> g.p.m. <u>38</u> ft. after <u>1/2</u> hrs. pumping <u>12</u> g.p.m. Estimated maximum yield <u>15-20</u> g.p.m.	
13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ mo./day/yr.	
14. Well head completion: <u>12</u> inches above grade <input type="checkbox"/> Pitless adapter	
15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
16. Nearest source of possible contamination: <u>200</u> ft. Direction <u>West</u> Type <u>Pond</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 _____ 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Customer to furnish 4x4x4" slab around casing at grade Per State Regulations</u> <u>Signed DeAnna Pearson</u>
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. Business name <u>Wagner Valley 318</u> License No. _____ Address <u>Polwich</u> Signed <u>June 6/1/78</u> Date _____ Authorized representative	

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

Form WWC-5