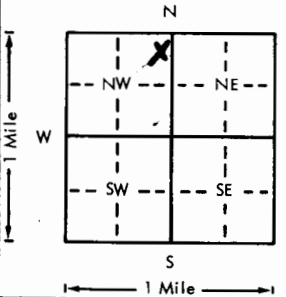



USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NE 1/4 NW 1/4</u>	Section number: <u>18</u>	Township number: <u>T 26 S</u>	Range number: <u>R 1 E</u>
2. Distance and direction from nearest town or city:		3. Owner of well: <u>a/t/a Construction</u>				
Street address of well location if in city:		R.R. or street: <u>209 W. Dewey</u>				
<u>1923 W. 60th North.</u>		City, state, zip code: <u>Wichita, KS 67211</u>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date: <u>8/20/78</u>		
				Well depth <u>41</u> ft.		
5. Type and color of material		From		To		7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
<u>Top soil.</u>		<u>0</u>		<u>3</u>		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
<u>red clay.</u>		<u>3</u>		<u>14</u>		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry
<u>fine to med sand.</u>		<u>14</u>		<u>31</u>		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock
<u>gray clay.</u>		<u>31</u>		<u>32</u>		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<u>med. gravel.</u>		<u>32</u>		<u>41</u>		9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below
<u>clay</u>		<u>41</u>				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</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>41</u> ft. depth Wall Thickness: inches or
						Dia. <u>5</u> in. to <u>41</u> ft. depth gage No. <u>200</u>
						10. Screen: Manufacturer's name <u>Sunflower</u>
						Type <u>200</u> Dia. <u>1.5 in</u>
						Slot/gouge <u>1/16</u> Length <u>6/7</u>
						Set between <u>35</u> ft. and <u>41</u> ft.
						Gravel pack? <u>Yes</u> Size range of material <u>3/8</u>
						11. Static water level: <u>15</u> ft. below land surface Date <u>8/20/78</u>
						12. Pumping level below land surfaces:
						<u>16</u> ft. after <u>1/2</u> hrs. pumping <u>15</u> g.p.m.
						<u>16</u> ft. after <u>1/2</u> hrs. pumping <u>15</u> g.p.m.
						Estimated maximum yield <u>35</u> g.p.m.
						13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>8/20/78</u>
						14. Well head completion: <u>12</u> inches above grade
						<input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Concrete
						15. Well grouted? <u>Yes</u>
						With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete
						Depth: From <u>6</u> ft. to <u>16</u> ft.
						16. Nearest source of possible contamination: <u>20</u> Direction <u>Salt Septic</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 <u>Colwell</u>
						Model number <u>15</u> HP <u>15</u> Volts <u>115</u>
						Length of drop pipe <u>41</u> ft. capacity <u>35</u> 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:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
				Business name <u>Colwell</u> License No. <u>15</u>		
				Address <u>209 W. Dewey</u>		
				Signed <u>James</u> 8/20/78		
				Authorized representative		

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

Form WWC-5