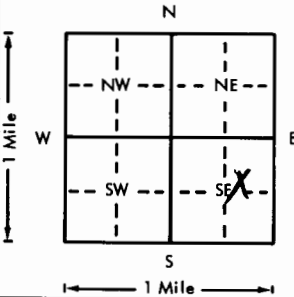
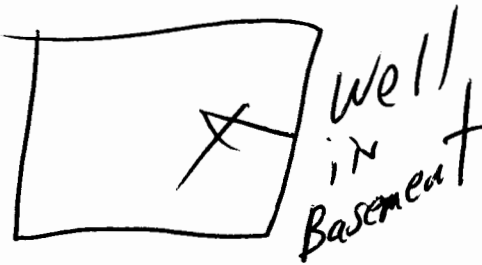


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Sedg.</u>	Fraction <u>SW 1/4 NE 1/4 SE 1/4</u>	Section number <u>19</u>	Township number <u>T 26 S</u>	Range number <u>R 10 E</u>
2. Distance and direction from nearest town or city:		3. Owner of well: <u>C. M. Pennington</u>		R.R. or street: <u>1420 No. Mt. Carmel</u>		
Street address of well location if in city: <u>4806 Bison Wichita, KS</u>		City, state, zip code: <u>Wichita, KS 67203</u>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>5 1/2</u> in. Completion date <u>11/25/77</u>		
				Well depth <u>51</u> ft.		
5. Type and color of material		From		To		7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
<u>Top soil</u>		<u>0</u>		<u>4</u>		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
<u>Red clay.</u>		<u>4</u>		<u>14</u>		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry
<u>med. sand.</u>		<u>14</u>		<u>32</u>		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock
<u>clay.</u>		<u>32</u>		<u>33</u>		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<u>COURSE GRAVEL</u>		<u>33</u>		<u>51</u>		9. Casing: Material <u>PVC</u> Height: Above or below
<u>clay.</u>		<u>51</u>				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.
						RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>231</u> lbs./ft.
						Dia. <u>5</u> in. to <u>5 1/2</u> ft. depth Wall Thickness: inches or
						Dia. <u>5</u> in. to <u>5 1/2</u> ft. depth gage No. <u>214</u>
						10. Screen: Manufacturer's name <u>M.P.I.</u>
						Type <u>PVC</u> Dia. <u>5 1/2</u> in.
						Slot/gauze <u>1/16</u> Length <u>10 ft.</u>
						Set between <u>41</u> ft. and <u>51</u> ft.
						<u>41</u> ft. and <u>51</u> ft.
						Gravel pack? <u>Yes</u> Size range of material <u>3/8</u>
						11. Static water level: <u>25</u> ft. below land surface Date <u>11/25/77</u>
						12. Pumping level below land surfaces:
						<u>26</u> ft. after <u>1/2</u> hrs. pumping <u>20</u> g.p.m.
						<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.
						Estimated maximum yield <u>100</u> g.p.m.
						13. Water sample submitted: <u> </u> mo./day/yr.
						<u> </u> Yes <input checked="" type="checkbox"/> No <u> </u> Date <u> </u>
						14. Well head completion:
						<u> </u> Pitless adapter <u>12</u> inches above grade
						15. Well grouted? <u>Yes</u>
						With: <u> </u> Neat cement <u> </u> Bentonite <input checked="" type="checkbox"/> Concrete
						Depth: From <u>6</u> ft. to <u>16</u> ft.
						16. Nearest source of possible contamination:
						ft. <u> </u> Direction <u> </u> Type <u> </u>
						Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <u> </u> No
						17. Pump: <input checked="" type="checkbox"/> Not installed
						Manufacturer's name <u> </u>
						Model number <u> </u> HP <u> </u> Volts <u> </u>
						Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m.
						Type:
						<u> </u> Submersible <u> </u> Turbine
						<u> </u> Jet <u> </u> Reciprocating
						<u> </u> Centrifugal <u> </u> Other
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report		
<u> </u> Hill				is true to the best of my knowledge and belief.		
<u> </u> Slope				<u>Weninger Drilling</u> 318		
<input checked="" type="checkbox"/> Upland				Business name <u> </u> License No. <u> </u>		
<u> </u> Valley				Address <u> </u>		
				Signed <u> </u> 11/25/77		
				Authorized representative		

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

Form WWC-5