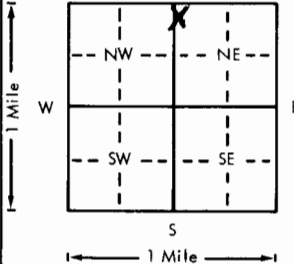


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Sedgwick	Fraction NW 1/4 NW 1/4 NE 1/4	Section number 33	Township number T 27	Range number S R 1 E		
2. Distance and direction from nearest town or city: at 1618 S. Ida, Plant #2 in front Street address of well location if in city: near sidewalk	3. Owner of well: Walcher Metal Treatment Co. R.R. or street: Wichita City, state, zip code: Kansas						
4. Locate with "X" in section below:  Sketch map: Well No. 2	6. Bore hole dia. 24 in. Completion date Well depth 25 ft. 10/13/78						
5. Type and color of material			From	To	7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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 Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 6 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 22.4 lbs./ft. Dia 8 in. 20 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 250				
			10. Screen: Manufacturer's name Layne Type St. steel Dia. 8" Slot/gouze .105 Length 5' Set between 20 ft. and 25 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? yes Size range of material Well Pack				
			11. Static water level: <input type="checkbox"/> mo./day/yr. 15 ft. below land surface Date 10/13/78				
(Use a second sheet if needed)			12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.				
			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>				
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade				
			15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.				
			16. Nearest source of possible contamination: ft. 80 Direction E Type Swamp line Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(Use a second sheet if needed)			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Layne Western Co. 102 Business name License No. Address Wichita, Kansas Signed Donald Aguirre Date 10/14/78 Authorized representative				
			Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				

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

Form WWC-5