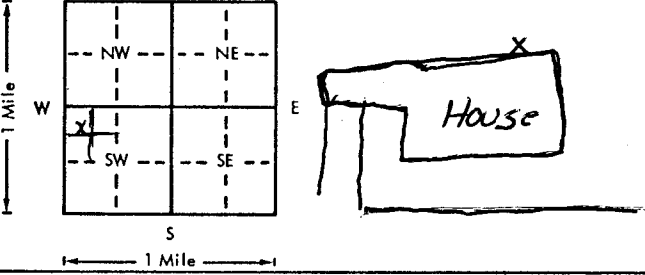


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

SE SW SW NW

1. Location of well: County <u>Hedrick</u>		Fraction <u>NW 1/4 SW 1/4 NE 1/4</u>	Section number <u>33</u>	Township number <u>T 27</u>	Range number <u>S R 1</u>
2. Distance and direction from nearest town or city: <u>Wichita</u>			3. Owner of well: <u>E.A. ENBIE</u>		
Street address of well location if in city: <u>1938 S. TOPEKA</u>			R.R. or street: <u>1938 S. TOPEKA</u>		
City, state, zip code: <u>WICHITA, KS.</u>					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date <u>4-17-78</u>	
				Well depth <u>29</u> ft.	
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
<u>Topsoil & SAND</u>		<u>0</u>	<u>10</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
<u>Gravel</u>		<u>11</u>	<u>29</u>	8. Use: <input 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: Above or below	
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in.	
				RMP <u>PVC</u> Weight <u>2.75</u> lbs./ft.	
				Dia. <u>6</u> in. to <u>30</u> ft. depth Wall Thickness: inches or	
				Dia. <u>6</u> in. to <u>30</u> ft. depth gage No. <u>250</u>	
				10. Screen: Manufacturer's name	
				<u>MODERN PIPE CO.</u>	
				Type <u>PVC</u> Dia. <u>5"</u>	
				Slot/gauze <u>.025</u> Length <u>5'</u>	
				Set between <u>25</u> ft. and <u>30</u> ft.	
				<u>25</u> ft. and <u>30</u> ft.	
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u> </u>	
				11. Static water level: mo./day/yr.	
				<u>11</u> ft. below land surface Date <u>4-17-78</u>	
				12. Pumping level below land surfaces:	
				<u>11</u> ft. after <u>2</u> hrs. pumping <u>10</u> g.p.m.	
				<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.	
				Estimated maximum yield <u>50+</u> g.p.m.	
				13. Water sample submitted: mo./day/yr.	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>	
				14. Well head completion:	
				<input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
				15. Well grouted? <u>YES</u>	
				With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination:	
				ft. <u>25</u> Direction <u>N</u> Type <u>SEWER</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> </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:	
				<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:			
Topography:					
<input type="checkbox"/> Hill					
<input type="checkbox"/> Slope					
<input checked="" type="checkbox"/> Upland					
<input type="checkbox"/> Valley					
		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>2151 Elbertine Dr. 129</u>			
		Business name <u>512 W. 2151</u> License No. <u> </u>			
		Address <u> </u>			
		Signed <u>J. Morris</u> Date <u>5-8-78</u>			
		Authorized representative			

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

Form WWC-5

WHITE