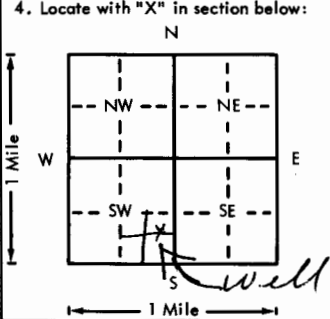



USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

PLUGGED WELL

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 BUTLER	Fraction NE 1/4 SE 1/4 SW 1/4	Section number 29	Township number T 27 S	Range number R 3E E/W
2. Distance and direction from nearest town or city: <i>3/4 mile south of Andover on Rose Hill Rd</i> Street address of well location if in city: <i>LAKEVIEW HEIGHTS ADD 16110 HAMLIN RD</i>		3. Owner of well: MERVYN WEBSTER R.R. or street: <i>16110 HAMLIN RD</i> City, state, zip code: <i>WICHITA KS 67230</i>				
4. Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.		
5. Type and color of material		From		To		7. _____ Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary
<i>32 ft Well plugged from 3 ft to 18 ft with cement after disinfected pea gravel from 18 ft to 32 ft was installed</i>						8. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other
						9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth _____ ft. Wall Thickness: inches or Dia. _____ in. to _____ ft. depth _____ ft. gage No. _____
						10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____
						11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
						13. Water sample submitted: _____ mo./day/yr. _____ Yes _____ No Date _____
						14. Well head completion: _____ Pitless adapter _____ Inches above grade
						15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No
						17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ 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. <i>Summers Drilling</i> 162 Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative			

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

Form WWC-5