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

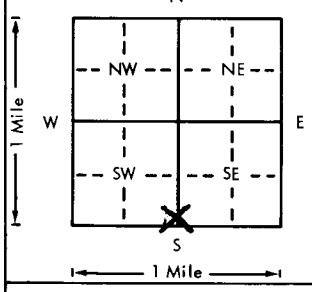
SW SW SW SE

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	C of S Line 1/4 1/4 1/4	3	T 28 S	R 1 E/W

2. Distance and direction from nearest town or city: Sewage plant No. 1 City of Wichita
Street address of well location if in city: 3100 S. Grove

3. Owner of well: Centric Corporation
R.R. or street: Wichita, Kansas
City, state, zip code:

4. Locate with "X" in section below:



Sketch map: Well No. 1

6. Bore hole dia. 24 in. Completion date
Well depth 29 ft. 9/11/78

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored X Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water X Other (dewater)

9. Casing: Material steel Height: Above ~~or below~~
Threaded __ Welded X Surface 12 in.
RMP __ PVC __ Weight 31.75 lbs./ft.
Dia. 16 in. to 10 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. .188

5. Type and color of material	From	To
Fill dirt & rock	0	6
Brown clay	6	12
Fine silty sand	12	14
Med. to coarse sand & med. gravel	14	22
Blue shale & clay	22	26
Blue shale w/gypsum	26	29

(Use a second sheet if needed)

10. Screen: Manufacturer's name Docvr
Type Steel Dia. 16"
Slot/gauze 1/8 Length 20'
Set between 9 ft. and 29 ft.
ft. and ft.
Gravel pack yes Size range of material 1/8 x 1/2

11. Static water level: mo./day/yr.
14 ft. below land surface Date 9/11/78

12. Pumping level below land surfaces: No Test
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 X No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? __
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 8 ft.

16. Nearest source of possible contamination: Sewer
ft. 50 Direction South Type plant
Well disinfected upon completion? __ Yes __ No

17. Pump: X 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:

Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks: Well To Be Salvaged upon completion of Reworking for new pump station.

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 Authorized representative Date 10/9/78

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

Form WWC-5

MI-1023

T 28 R 1 E/W Sec 3 1/4 1/4 1/4 CENTER