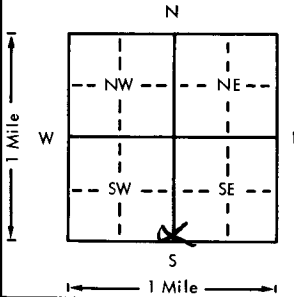


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Sedgwick	Fraction C of SL	Section number 3	Township number T 28 S R 1 E	Range number 1
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 So. Grove				3. Owner of well: Centric Corporation Wichita, Kansas City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 24 in. Completion date 9/11/78 Well depth 30 ft.		
		Well No. 4		7. ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary		
5. Type and color of material		From	To	8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☒ Other (dewater)		
Fill dirt & rock		0	6	9. Casing: Material steel Height: Above ☐ below ☒ Threaded ☐ Welded ☒ 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		
Brown clay		6	10	10. Screen: Manufacturer's name Doerr Type Steel Dia. 16 " Slot/gauze 1/8 Length 20 ' Set between 10 ft. and 30 ft. ft. and ☐ ft.		
Fine silty sand		10	12	Gravel pack? yes Size range of material 1/8 & 1/2		
Med. to coarse sand & med. gravel		12	22	11. Static water level: 14 ft. below land surface Date 9/11/78 mo./day/yr.		
Blue shale & clay		22	27	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.		
Blue shale w/gypsum		27	30	13. Water sample submitted: ☐ Yes ☒ No Date ☐		
				14. Well head completion: ☐ Pitless adapter 12 Inches above grade		
				15. Well grouted? ☒ With: ☐ Neat cement ☒ Bentonite ☐ Concrete Depth: From 0 ft. to 9 ft.		
				16. Nearest source of possible contamination: Sewage Plant ft. 50-100 Direction South Type Plant Well disinfected upon completion? ☐ Yes ☒ No		
				17. Pump: ☒ Not installed Manufacturer's name ☐ HP ☐ Volts ☐ Length of drop pipe ☐ ft. capacity ☐ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
18. Elevation:		(Use a second sheet if needed)		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 [Signature] Date 9/11/78 Authorized representative		
19. Remarks: Well to be salvaged upon completion of dewatering for new pump station.						

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

Form WWC-5