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

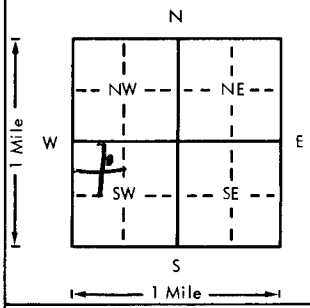
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	NE 1/4 NW 1/4 SW 1/4	5	T 28 S	R 1 (E) W

2. Distance and direction from nearest town or city:

Street address of well location if in city:

3. Owner of well: M.R. Medlam
R.R. or street: 2838 S. Walnut
City, state, zip code: Wichita KS 67217

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 9 in. Completion date
Well depth 33 ft. 4-28-80

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

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

9. Casing: Material RMP Height: (Above) or below
Threaded ___ Welded Gld Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 10 in. to 0 ft. depth Wall Thickness: inches or
Dia. 10 in. to 33 ft. depth gage No. 120

5. Type and color of material	From	To
Sand/clay Loam BLK	0	10
Med fine Sand LT. TAN	10	17
Med Course gravel " "	17	20
Course " " "	20	33

(Use a second sheet if needed)

10. Screen: Manufacturer's name Cer-mac Superlative
Type RMP Dia. 10
Slot/gauze 3/16 Length 5
Set between 28 ft. and 33 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material

11. Static water level: mo./day/yr.
10 ft. below land surface Date 4-28-80

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 30 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? Yes
With: __ Neat cement __ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: Clay
ft. 10 Direction North Type File Sewer
Well disinfected upon completion? ___ Yes X 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
__ Valley

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.
Rotheroe Pump & Well 295
Business name License No.
Address 827 W 27th So Wichita
Signed [signature] Date 5-1-80
Authorized representative

T 28 R 1 (E) W Sec 5 1/4 NE 1/4 NW 1/4 SW

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

Form WWC-5

MI-1023