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

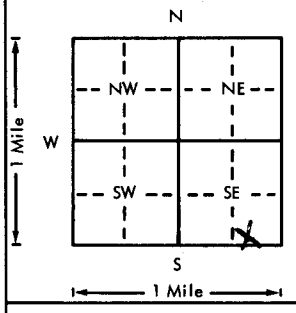
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SW 1/4 SE 1/4 SE 1/4	18	T 28 S	R 1E E/W

2. Distance and direction from nearest town or city:

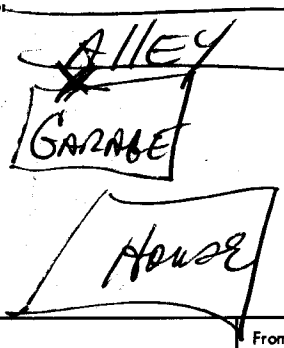
Street address of well location if in city: 4602 S. Fern

3. Owner of well: David Millspaugh
R.R. or street: 522-5955
City, state, zip code: Wichita, KS.

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 11 in. Completion date 5-2-79
Well depth 27 ft.

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

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

9. Casing: Material ___ Height: Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 2.758 lbs./ft.
Dia. 5 in. to ___ ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .258

5. Type and color of material	From	To
Topsoil	0	10
Sandy soil	11	19
gravel	20	27

10. Screen: Manufacturer's name Modern Rigs Co.
Type PVC Dia. 5.563
Slot/gauze .025 Length 5
Set between 22 ft. and 27 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material ___

11. Stotic water level: mo./day/yr.
17 ft. below land surface Date 5-2-79

12. Pumping level below land surfaces:
17 ft. after 1 hrs. pumping 20 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 50 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 ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 50 Direction S Type Sewer
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

(Use a second sheet if needed)

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
X 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.
21st Elevator 129
Business name License No.
Address 512 W. 21 / Wichita
Signed [signature] Date 5-30-79
Authorized representative

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

Form WWC-5

28 - 1E - 18 SWSESE
T R Sec 1/4 1/4 1/4

MI-1023