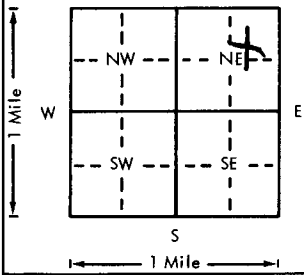


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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: <u>Sedgwick</u>	Fraction: <u>SW 1/4 NE 1/4</u>	Section number: <u>20</u>	Township number: <u>T 28 S</u>	Range number: <u>R 1 E W</u>
2. Distance and direction from nearest town or city: <u>2 mi Wichita</u>		3. Owner of well: <u>Joe Drops</u> R.R. or street: <u>5640 Jones</u> City, state, zip code: <u>Wichita KS 67214</u>				
4. Locate with "X" in section below:		Sketch map:				6. Bore hole dia. <u>8</u> in. Completion date: <u>4/13/79</u> Well depth <u>30</u> ft.
						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
<u>Brown Clay</u>		<u>0</u>		<u>13</u>		9. Casing: <u>Steel</u> Height: Above or below Threaded ☐ Welded ☐ Surface <u>12</u> in. RMP ☐ PVC ☒ Weight <u>100</u> lbs./ft.
<u>Coarse Gravel Brown</u>		<u>13</u>		<u>25</u>		10. Dia. <u>5</u> in. to <u>30</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>30</u> ft. depth Loge No. <u>1/4</u>
<u>White Coarse Gravel</u>		<u>25</u>		<u>30</u>		11. Screen: Manufacturer: <u>Complexion</u> Type <u>100</u> Dio. <u>5</u> Slot/gauze <u>seal</u> Length <u>30</u> Set between <u>25</u> ft. and <u>30</u> ft. Gravel pack? ☒ No Size range of material
						12. Static water level: <u>15</u> ft. below land surface Date <u>4/13/79</u>
						13. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>5</u> g.p.m.
						14. Water sample submitted: ____ mo./day/yr. Yes ☒ No ☐ Date
						15. Well head completion: <u>12</u> inches above grade
						16. Well grouted? <u>yes</u> With: ☒ Neat cement ☐ Bentonite ☐ Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
						17. Nearest source of possible contamination: <u>120</u> ft. Direction <u>E</u> Type <u>Sewer</u> Well disinfected upon completion? ☒ Yes ☐ No
						18. 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. <u>Joe Drops</u> 313A Business name License No. Address <u>25th & Salina</u> Signed <u>Joe Drops</u> Date <u>4/13</u> Authorized representative		

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

Form WWC-5