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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick		NW SE SW NW	1	28	E 1

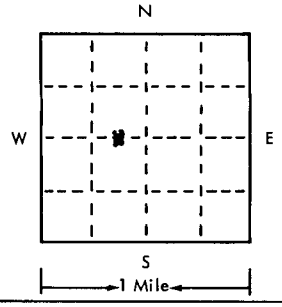
Distance and direction from nearest town or city:

Street address of well location if in city: 2744 George Washington Blvd.

3 Owner of well: Cessna Activity Center

Address: 2744 George Washington Blvd Wichita Kansas 67221

Locate with "X" in section below:



Sketch map:

4 Well depth: 86 ft. Date of completion 6-13-75
Well diameter 12 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☒ Grass Watering

7 Casing: Material [illegible] Height: above/~~below~~
Threaded ☐ Welded ☐ Surface 48 in.
Diam. Plastic Weight 200 lbs./ft. 1
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Grey clay	0	10
Red clay	10	18
Blue clay	18	70
Broken soft Sandstone	70	84
Lime or Gyp Rock	84	85
Blue shale	85	89
Lime	89	91
(use a second sheet if needed)		

8 Screen:
Manufacturer ___
Type ___ Dia. ___
Slot/gauze ___ Length ___
Set between 66 ft. and 86 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
22 ft. below land surface Date 6-13-75

10 Pumping level below land surfaces:
62 ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☒ Bentonite ☐ ___
Depth: From ___ ft. to ___ ft.

14 Nearest source of possible contamination:
ft. 1500 Direction SW Type ___
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation

Topography:
☒ Hill
☐ Slope
☐ Upland
☐ Valley

17 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.
Carlson Core Drlg Co. 200
Business name License No.
Address 9740 S.W. Blvd - Wichita
Signed [signature] Date 6-13-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H