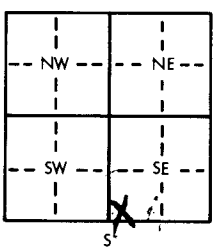
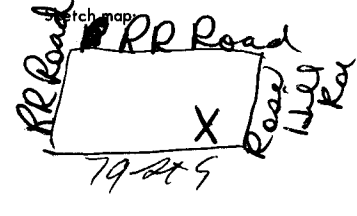


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

County Sedgwick		Fraction SW 1/4 SW 1/4 SE 1/4	Section number 1	Township number T 39 S	Range number R 2 E
1. Location of well:		2. Distance and direction from nearest town or city: Rose Hill 1 S - 1 1/2 W		3. Owner of well: Jerry Livingston R.R. or street: RR 1 City, state, zip code: Derby, Kans	
4. Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. 10 in. Completion date 5/13/78 Well depth 84 ft.	
5. Type and color of material		From	To	7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
Brown Clay		0	18	8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other	
Lime Stone		18	40	9. Casing: Material Styrene Height: Above or below Threaded ☐ Welded ☐ Surface 12 in. RMP ☐ PVC ☐ Weight 100 lbs./ft. Dia. 5 in. to 84 ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth gage No. 100	
Red Sand		40	50	10. Screens Manufacturer's name Sinflow Type 100 Dia. 5 Slot/gauze Slot Length Set between 40 ft. and 50 ft. 74 ft. and 84 ft. Gravel pack? ☒ Size range of material	
Lime Stone		50	84	11. Static water level: 140 ft. below land surface Date 5/13/78 mo./day/yr.	
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 5 g.p.m.	
				13. Water sample submitted: ____ mo./day/yr. Yes ☒ 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. 500 Direction SW Type sewer Well disinfected upon completion? ☒ Yes ☐ No	
				17. 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. John W. Mulling 313 Business name License No. Address 257 N. Salina Signed John W. Mulling Date 6/4/78 Authorized representative	

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

Form WWC-5