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

WATER WELL RECORD
KSA 82a-1201-1215

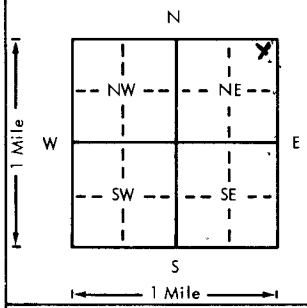
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

| X Location of well: | County: Sedgwick | Fraction: NE 1/4 NE 1/4 NE 1/4 | Section number: 5 | Township number: T 29 S | Range number: R 2 E/W |
|---|---|---|---|---|---|

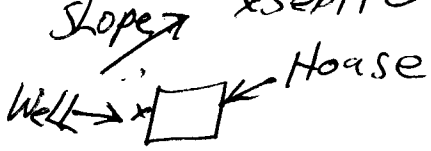
X 2. Distance and direction from nearest town or city: 3 → E Derby Kan
Street address of well location if in city:

3. Owner of well: Bob Keys
R.R. or street: 3100 S + 1145 E
City, state, zip code: Derby Kan 67232

4. Locate with "X" in section below:




Sketch map:




6. Bore hole dia. 7 in. Completion date 3/15/79
Well depth 60 ft.

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

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

X 9. Casing: Material Plas Height: Above or below
Threaded ___ Welded X Surface 18 in.
RMP X PVC ___ Weight 100 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1/75

| 5. Type and color of material | From | To |
|---|---|---|
| Soil | 0 | 5 |
| Poaris Rock | 5 | 15 |
| Shale | 15 | 35 |
| gravel | 35 | 40 |
| Shale | 40 | 60 |

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sun Flower
Type 100 Dia. 5
Slot/gauze 1/16 Length 20
Set between 30 ft. and 50 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 5/8

11. X Static water level: mo./day/yr.
30 ft. below land surface Date X 3/15/79

12. Pumping level below land surfaces:
45 ft. after 1 hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 20 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter ___ Inches above grade

15. Well grouted? Yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 120 Direction NE Type Septic
Well disinfected upon completion? X Yes __ No

X 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
X Valley

19. Remarks: Owner To Install Concret around caseing

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.
Winter Well Drilling License No. 251A
Business name
Address Rout 2 Box 30 Augusta
Signed Charles Winter Date 3/30/79
Authorized representative

29 — 20 — 5 — NENENE
T — R — W — Sec — 1/4 — 1/4 — 1/4

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

Form WWC-5

MI-1023