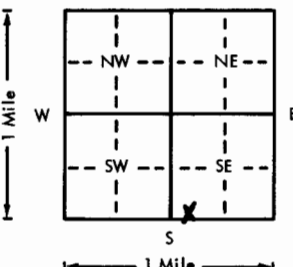


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Sumner</u>	Fraction: <u>1/4 SW 1/4 SE 1/4</u>	Section number: <u>10</u>	Township number: <u>30S</u>	Range number: <u>1E</u>
2. Distance and direction from nearest town or city: <u>2 South of the Sedgewick County line and 15/8</u>		3. Owner of well: <u>Victor Resig</u> R.R. or street: <u>R.R. # 1 Box 170</u> City, state, zip code: <u>Mulvane, Kansas</u>			
4. Locate with "X" in section below: 			Sketch name: <u>East of the B1 Highway</u>		
5. Type and color of material			From	To	6. Bore hole dia. <u>4 1/2</u> in. Completion date <u>5-10-76</u> Well depth <u>40</u> ft.
<u>Topsoil</u>			<u>0</u>	<u>7</u>	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
<u>Clay</u>			<u>7</u>	<u>19</u>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<u>Medium Sand</u>			<u>19</u>	<u>26</u>	9. Casing: Material <u>typical gal</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>
<u>Shale</u>			<u>26</u>	<u>40</u>	10. Screen: Manufacturer's name <u>Sunflower Plastic</u> Type <u>typical</u> Dia. <u>5"</u> Slot/gauze <u>.06</u> Length <u>20'</u> Set between <u>20</u> ft. and <u>40</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/2"</u>
					11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>5-10-76</u>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
					14. Well head completion: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40</u> ft. to <u>14</u> ft.
					16. Nearest source of possible contamination: <u>Septic tank</u> ft. <u>200</u> Direction <u>NE</u> Type <u>Septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
18. Elevation:			19. Remarks: <u>Flat Ground</u>		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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>Harshwell + Pump 236</u> Business name _____ License No. _____ Address <u>Wichita Kansas</u> Signed <u>Dr. Arnold</u> Date <u>7-15-76</u> Authorized representative		

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

Form WWC-5