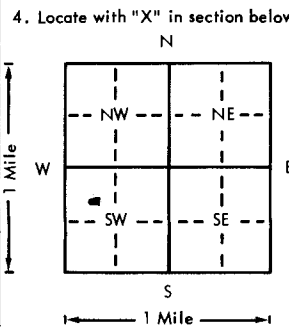


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Cowley	Fraction SE 1/4 NW 1/4 SW 1/4	Section number 4	Township number T 32 3 R	Range number E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: EARL F. Wakefield, Inc. R.R. or street: City, state, zip code: Wichita, KANS 67211			
4. Locate with "X" in section below: 			Sketch map: N Salt Water Dis. Well New Sample Well		6. Bore hole dia. 10 in. Completion date 6-20-78 Well depth 30 ft.	
5. Type and color of material			From	To	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Aug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
Top Soil			0'	2'	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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Red Clay			2'	26'	9. Casing: Material PVC Height Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 20 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia 4 in. to 30 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 1/4"	
SAND			26'	29'	10. Screen: Manufacturer's name Home made Type PVC Dia. 4" Slot/gauze 1/16" Length 18' Set between 12 ft. and 30 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? NO Size range of material	
Blue Schale			29'	30'	11. Static water level: <input type="checkbox"/> mo./day/yr. 16 ft. below land surface Date 6-15-78	
					12. Pumping level below land surfaces: NA <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date	
					14. Well head completion: Yes <input type="checkbox"/> Pitless adapter 24 inches above grade	
					15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 11 ft.	
					16. Nearest source of possible contamination: ft. 20 Direction EAST Type Salt Water Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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	
			(Use a second sheet if needed)			
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. Eastman Drilling 299 Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address Box 115 Wakefield Signed Dale Eastman Date 6-30-78 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				T 32 R 30 W 4 Sec 4		

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

Form WWC-5