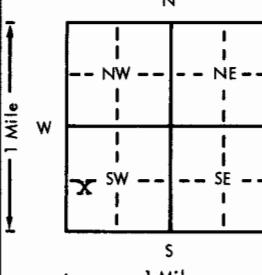


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 | Fraction | Section number | Township number | Range number |
| | Wichita | NW 1/4 SW 1/4 SW 1/4 | 4 | T 18 | S R 38 E 00 |
| 2. Distance and direction from nearest town or city: | 2 1/2 N of | 3. Owner of well: | Wayne Marcy | | |
| Street address of well location if in city: | Selkirk, KS | R.R. or street: | Box 216 | | |
| 4. Locate with "X" in section below: | Sketch map: | 6. Bore hole dia. 26 in. Completion date _____ Well depth 200 ft. 6-14-76 | | | |
|  | | <p>7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary</p> <p>8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other</p> <p>9. Casing: Material <input checked="" type="checkbox"/> Steel Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 10 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 31.67 lbs./ft. Dia. 16 in. to 200 ft. depth Wall Thickness inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. .188</p> <p>10. Screen: Manufacturer's name <input type="checkbox"/> Free Flow Type <input checked="" type="checkbox"/> Prime Steel Dia. 16 in. <input checked="" type="checkbox"/> Slot gauze .125 Length 40 ft. Set between 160 ft. and 200 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material 3/4 in.</p> <p>11. Static water level: <input type="checkbox"/> mo./day/yr. 133 ft. below land surface Date 5-27-76</p> <p>12. Pumping level below land surfaces: 165 ft. after 4 hrs. pumping 670 g.p.m. 170 ft. after 4 hrs. pumping 700 g.p.m. Estimated maximum yield 700 g.p.m.</p> <p>13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date</p> <p>14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 30 inches above grade</p> <p>15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.</p> <p>16. Nearest source of possible contamination: ft. 1320 Direction E Type <input checked="" type="checkbox"/> Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <input checked="" type="checkbox"/> Western Land Roller Model number <input type="checkbox"/> HP 40 Volts 460 Length of drop pipe 190 ft. capacity 700 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other</p> <p>18. Elevation: 19. Remarks: Shale 200</p> <p>Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley</p> <p>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. Weishaar Drilling 232 Business name <input checked="" type="checkbox"/> Address <input checked="" type="checkbox"/> Sedgwick City, KS 67871 License No. Signature <input checked="" type="checkbox"/> Authorized Representative <input checked="" type="checkbox"/> Date 7-21-76</p> | | | |

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

Form WWC-5