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

WATER WELL RECORD
KSA 82a-1201-1215

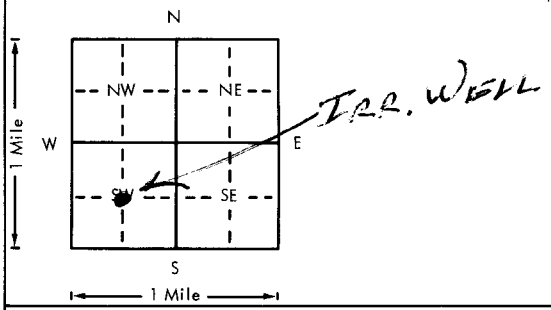
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	HARVEY	Center 1/4 SW 1/4	24	T 24 S	R 3 E/W

2. Distance and direction from nearest town or city: 2 MILES
Street address of well location if in city: East of Patterson

3. Owner of well: FREDICK BUMM
R.R. or street: RR 1
City, state, zip code: SEDGWICK, KS 67135

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 30 in. Completion date
Well depth 117 ft. 5-26-77

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

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

9. Casing: Material TARR Height: Above or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ___ Weight 32 lbs./ft.
Dia 16 in. to 117 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 3/4 11

5. Type and color of material	From	To
Top Soil	0	6
SAND - Med	6	23
Clay - Black	23	24
SAND - Med Gray	24	52
Clay - Grey	52	82
SAND - Med + Coarse	82	117

10. Screen: Manufacturer's name AURORA TILE CO.
Type TRANSITE Dia. 16" I.D.
Slot/gauze 1/8 Length 39' & 13" MLC
Set between 78 ft. and 117 ft.
30 ft. and 52 ft.
Gravel pack? Yes Size range of material 1/8 11

11. Static water level: mo./day/yr.
12 ft. below land surface Date 5-26-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1200 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 Puddled Clay
With: ___ Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 1250 Direction SE Type Ind
Well disinfected upon completion? ___ Yes X No

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

(Use a second sheet if needed)

18. Elevation:
Topography:
___ Hill
___ Slope
___ Upland
X Valley

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.
Peterson Drlg. Inc. 138A
Business name License No.
Address Box 150 Sandsburg Ks
Signed Wally Peterson Date 6-3-77
Authorized representative

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

Form WWC-5

24 T - 30 R E W 24 Sec 1/4 1/4 1/4 SW