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

WATER WELL RECORD
KSA 82a-1201-1215

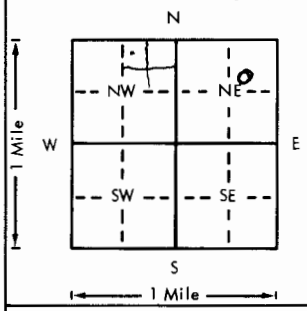
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Sedgwick	Fraction: NE SW NE NE 1/4 1/4 1/4	Section number: 36	Township number: T 25 S	Range number: R 1 WEST (E/W)

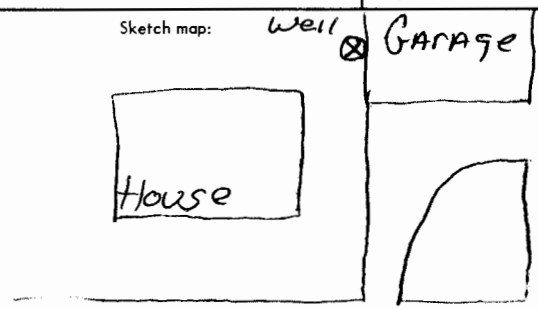
2. Distance and direction from nearest town or city: Valley Center
Street address of well location if in city: 433 N. ASH.

3. Owner of well: ORVILLE CARAY
R.R. or street: 433 N. ASH
City, state, zip code: Valley Center, KS.

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 11 in. Completion date 7-25-78
Well depth 30 ft.

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

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

9. Casing: Material PVC
Threaded ___ Welded ___
RMP ___ PVC X
Dia. 5 in. to 30 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 12 in.
Weight 2.750 lbs./ft.
Wall Thickness: inches or gage No. .250

10. Screen: Manufacturer's name Modern Pipe Co.
Type PVC Dia. 5.563
Slot/gauze .025 Length 5'
Set between 25 ft. and 30 ft.
___ ft. and ___ ft.
Gravel pack? NO Size range of material ___

5. Type and color of material	From	To
TOPSOIL	0	12
Sand	13	19
GRAVEL	20	30
(Use a second sheet if needed)		

11. Static water level: mo./day/yr.
16 ft. below land surface Date 7-25-78

12. Pumping level below land surfaces:
16 ft. after 1 hrs. pumping 20 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 50 g.p.m.

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

14. Well head completion:
__ Pitless adapter 12 Inches above grade

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

16. Nearest source of possible contamination:
ft. 50 Direction W Type Sewer
Well disinfected upon completion? ✓ Yes __ No

17. Pump: ✓ 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:

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.
21st Electric Co. 129
Business name License No.
Address 512 W. 21st
Signed J. Hanis Date 8-22-78
Authorized representative

T 27 R 1 (E/W) Sec 22 1/4 NW 1/4 NW 1/4 NW

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

Form WWC-5

MI-1023