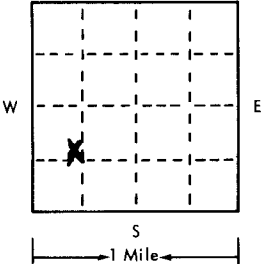


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Sedgwick</u>	Township name <u>Valley</u>	Fraction <u>SE 1/4 NW 1/4 SW 1/4</u>	Section number <u>13</u>	Town number <u>25 S</u>	Range number <u>1 W</u>
Distance and direction from nearest town or city: <u>2 N, 3/4 W, 1/4 N</u>			3 Owner of well: <u>Jay Ramsey</u>			
Street address of well location if in city: <u>Valley Center</u>			Address: <u>Valley Center, Kansas</u>			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <u>52</u> ft. Date of completion <u>4/3/76</u> Well diameter <u>30</u> in.		
2 Type and color of material		From To		5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary		
				6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐		
				7 Casing: Material <u>C. Ash.</u> Height: <u>above</u> below Threaded ☐ Welded ☐ Surface <u>8</u> in. Diam. _____ Weight _____ lbs./ft. <u>16</u> in. to <u>52</u> ft. depth Drive shoe? ☐ Yes ☒ No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <u>Johnson</u> Type <u>Cem-Ash.</u> Dia. <u>16"</u> Slot/gauze <u>1/4"</u> Length <u>26'</u> Set between <u>26</u> ft. and <u>52</u> ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material <u>7/8</u>		
				9 Static water level: <u>24</u> ft. below land surface Date <u>4/3/76</u>		
(use a second sheet if needed)				10 Pumping level below land surfaces: <u>35</u> ft. after <u>2</u> hrs. pumping <u>600</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>650</u> g.p.m.		
				11 Water sample submitted: ☐ Yes ☒ No Date _____		
				12 Well head completion: ☐ Pitless adapter ☒ Inches above grade		
				13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: <u>4 1/4 m</u> Direction <u>S</u> Type <u>Domestic</u> Well disinfected upon completion? ☐ Yes ☒ No		
16 Remarks: elevation Topography: ☐ Hill ☐ Slope ☒ Upland ☐ Valley				15 Pump: ☐ Not installed Manufacturer's name <u>Peerless</u> Model number <u>5317</u> HP <u>40</u> Volts _____ Length of drop pipe <u>40</u> ft. capacity <u>850</u> g.m.p. Type: ☐ Submersible ☒ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
				17 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>Weninger Drilling</u> <u>238</u> Business name License No. Address <u>Maize, Kansas</u> <u>67101</u> Signed <u>R. Weninger</u> Date <u>4/5/76</u> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5