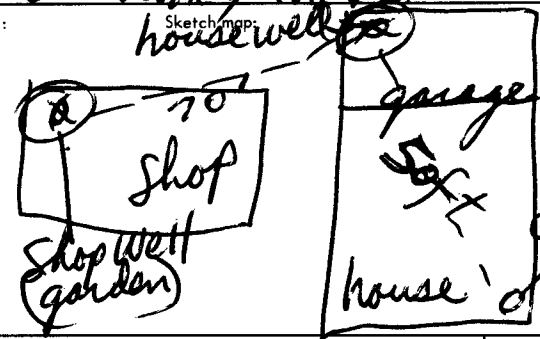
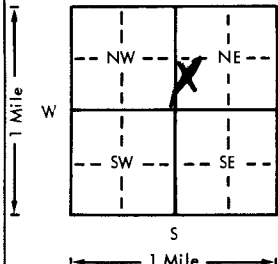


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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: <u>Sedgewick</u>                                                                         | Fraction: <u>NW 1/4 SW 1/4 NE 1/4</u> | Section number: <u>36</u>                                                                                                                                                                                                                                                                               | Township number: <u>T 25 S</u> | Range number: <u>R 1 E</u>                                                                                                                                                                                                                                                                                                                  |
| 2. Distance and direction from nearest town or city:                             | 3. Owner of well: <u>Bene Sharp</u>                                                              |                                       | R.R. or street: <u>461 Putter</u>                                                                                                                                                                                                                                                                       |                                |                                                                                                                                                                                                                                                                                                                                             |
| Street address of well (location if in city):                                    | City, state, zip code: <u>Wichita KS 67212</u>                                                   |                                       |                                                                                                                                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                             |
| 4. Locate with "X" in section below:                                             | Sketch map:<br> |                                       | 6. Bore hole dia. <u>5</u> in. Completion date: <u>4/20/78</u>                                                                                                                                                                                                                                          |                                |                                                                                                                                                                                                                                                                                                                                             |
|  |                                                                                                  |                                       | Well depth: <u>50</u> ft.                                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary |                                |                                                                                                                                                                                                                                                                                                                                             |
| 5. Type and color of material                                                    | From                                                                                             |                                       | To                                                                                                                                                                                                                                                                                                      |                                | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other |
| <u>Top soil.</u>                                                                 | <u>0</u>                                                                                         |                                       | <u>2</u>                                                                                                                                                                                                                                                                                                |                                | 9. Casing: Material: <u>Steel</u> Above or below                                                                                                                                                                                                                                                                                            |
| <u>red clay.</u>                                                                 | <u>2</u>                                                                                         |                                       | <u>14</u>                                                                                                                                                                                                                                                                                               |                                | Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <input type="checkbox"/>                                                                                                                                                                                                                               |
| <u>med. gravel.</u>                                                              | <u>14</u>                                                                                        |                                       | <u>36</u>                                                                                                                                                                                                                                                                                               |                                | RMP: <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight: <u>150</u> lb./ft.                                                                                                                                                                                                                                            |
| <u>red clay</u>                                                                  | <u>36</u>                                                                                        |                                       | <u>37</u>                                                                                                                                                                                                                                                                                               |                                | Dia. <u>5</u> in. to <u>50</u> ft. depth Wall Thickness: inches or                                                                                                                                                                                                                                                                          |
| <u>coarse gravel.</u>                                                            | <u>37</u>                                                                                        |                                       | <u>50</u>                                                                                                                                                                                                                                                                                               |                                | Dia. <u>  </u> in. to <u>  </u> ft. depth gage No. <u>200</u>                                                                                                                                                                                                                                                                               |
|                                                                                  |                                                                                                  |                                       | 10. Screen: Manufacturer's name: <u>Sunflower</u>                                                                                                                                                                                                                                                       |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | Type: <u>200</u> Dia. <u>5</u> in.                                                                                                                                                                                                                                                                      |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | Slot/ gauze: <u>1/8</u> Length: <u>12</u> ft.                                                                                                                                                                                                                                                           |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | Set between <u>38</u> ft. and <u>50</u> ft.                                                                                                                                                                                                                                                             |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | Gravel pack? <u>yes</u> range of material <u>3/8</u>                                                                                                                                                                                                                                                    |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | 11. Static water level: <u>17</u> ft. below land surface Date: <u>4/20/78</u>                                                                                                                                                                                                                           |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | 12. Pumping level below land surfaces:                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | <u>18</u> ft. after <u>1/2</u> hrs. pumping <u>20</u> g.p.m.                                                                                                                                                                                                                                            |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m.                                                                                                                                                                                                                                             |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | Estimated maximum yield <u>125</u> g.p.m.                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | 13. Water sample submitted: <u>  </u> mo./day/yr.                                                                                                                                                                                                                                                       |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <u>  </u>                                                                                                                                                                                                                     |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | 14. Well head completion:                                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | <u>  </u> Pitless adapter <u>12</u> inches above grade                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | 15. Well grouted? <u>yes</u>                                                                                                                                                                                                                                                                            |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | With: <u>  </u> Neat cement <u>  </u> Bentonite <u>  </u> Concrete                                                                                                                                                                                                                                      |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | Depth: From <u>2</u> ft. to <u>12</u> ft.                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | 16. Nearest source of possible contamination:                                                                                                                                                                                                                                                           |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | ft. <u>370</u> Direction <u>S.E.</u> Type <u>city sewer</u>                                                                                                                                                                                                                                             |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                   |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | 17. Pump:                                                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | <input checked="" type="checkbox"/> Not installed                                                                                                                                                                                                                                                       |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | Manufacturer's name <u>  </u>                                                                                                                                                                                                                                                                           |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | Model number <u>  </u> HP <u>  </u> Volts <u>  </u>                                                                                                                                                                                                                                                     |                                |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  |                                                                                                  |                                       | Length of drop pipe <u>  </u> ft. capacity <u>  </u> 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                                                                                                                                                                                                                                     |                                |                                                                                                                                                                                                                                                                                                                                             |
| 18. Elevation:                                                                   | 19. Remarks:                                                                                     |                                       | 20. Water well contractor's certification:                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                             |
| Topography:                                                                      |                                                                                                  |                                       | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.                                                                                                                                                                                             |                                |                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Hill                                                    |                                                                                                  |                                       | Business name: <u>Wenger Hults</u> 318                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> Slope                                        |                                                                                                  |                                       | Address: <u>Sedgewick</u>                                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> Upland                                       |                                                                                                  |                                       | Signed: <u>John Wenger</u> Date: <u>4/20/78</u>                                                                                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Valley                                                  |                                                                                                  |                                       | Authorized representative                                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                             |

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

Form WWC-5