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

WATER WELL RECORD
KSA 82a-1201-1215

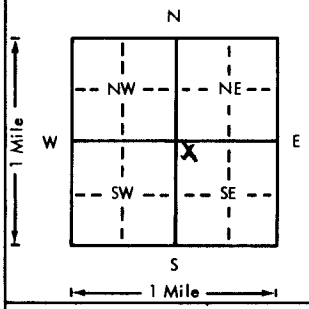
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: Sedgwick | Fraction: NW 1/4 SE 1/4 SE 1/4 | Section number: 11 | Township number: T 25 S | Range number: R 2 E/W

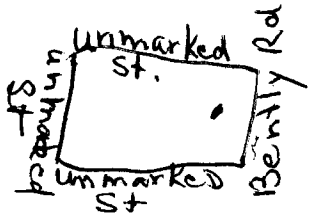
2. Distance and direction from nearest town or city: 1 Blk North
Street address of well location if in city: Box 93

3. Owner of well: Riley Const
R.R. or street: Box 93
City, state, zip code: Bentley Ks

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 8 in. Completion date 5/10/77
Well depth 22 ft.

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

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

9. Casing: Material ____ Height: (Above) or below
Threaded ____ Welded ____ Surface 12 in.
RMP X PVC / Weight 100 lbs./ft.
Dia. 5 in. to 22 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 100

5. Type and color of material	From	To
Gray Sand	0	8
White Sand	8	22

10. Screen: Manufacturer's name Sunflower
Type 100 Dia. 5"
(Slot)/gauze Slot Length 5"
Set between 17 ft. and 22 ft.
____ ft. and ____ ft.
Gravel pack? No Size range of material ____

11. Static water level: mo./day/yr.
8 ft. below land surface Date 5/10/77

12. Pumping level below land surfaces:
____ ft. after unknown hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

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

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

15. Well grouted? Owner
With: __ Neat cement __ Bentonite __ Concrete
Depth: From ____ ft. to ____ ft.

16. Nearest source of possible contamination:
ft. 100 Direction West 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

(Use a second sheet if needed)

18. Elevation:
Topography:
__ Hill
__ Slope
__ Upland
/ 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.
313
Business name License No.
Address
Signed Authorized representative Date 5/10/77

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

Form WWC-5

MI-1023

T 25 R 2 E/W Sec 11 1/4 1/4 NW SE SE 1/4