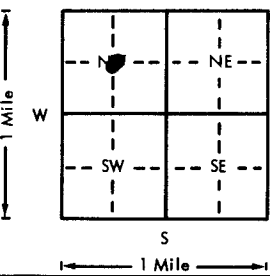


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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: <u>Sedgwick</u>                                                                                                                                              |  | County: <u>NW 1/4 NW 1/4 NW 1/4</u> | Fraction: <u>16</u> | Section number: <u>16</u>                                                                                                                                                                                                                                                                                                                                        | Township number: <u>25</u> | Range number: <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                          | E/W: <u>EW</u> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <u>1 1/4 W Bentley</u>                                                        |  |                                     |                     | 3. Owner of well: <u>Virgil O'Neal</u><br>R.R. or street: <u>RR 2</u><br>City, state, zip code: <u>Sedgwick, Kansas 67016</u>                                                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile<br>1 Mile                                                                                                      |  |                                     |                     | Sketch map:<br>                                                                                                                                                                                                                                                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
| 5. Type and color of material                                                                                                                                                     |  |                                     |                     | From                                                                                                                                                                                                                                                                                                                                                             | To                         | 6. Bore hole dia. <u>50</u> in. Completion date <u>12-8-75</u><br>Well depth <u>50</u> ft.                                                                                                                                                                                                                                                                                                                                                      |                |
| 0-2 Soil.                                                                                                                                                                         |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary                                                                                                                                         |                |
| 2-9 Clay.                                                                                                                                                                         |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" 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                                                                                          |                |
| 9-20 med red sand                                                                                                                                                                 |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 9. Casing: Material <u>Plastic</u> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in.<br>RMP <input type="checkbox"/> PVC <u>1</u> Weight <u>5</u> lbs./ft.<br>Dia. <u>8</u> in. to <u>25</u> ft. depth Wall Thickness: inches or<br>Dia. <u>8</u> in. to <u>25</u> ft. depth gage No. <u>14</u>                                                                                 |                |
| 20-40 med " "                                                                                                                                                                     |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 10. Screen: Manufacturer's name <u>Sauer</u><br>Type <u>48</u> Dia. <u>8</u><br>Slot/gauze <u>1/8</u> Length <u>25</u><br>Set between <u>25</u> ft. and <u>50</u> ft.<br>ft. and <u>50</u> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-7/4</u>                                                                                                                                                        |                |
| 40-50 med to coarse                                                                                                                                                               |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 11. Static water level: <u>8</u> ft. below land surface Date <u>12-10-75</u><br>mo./day/yr.                                                                                                                                                                                                                                                                                                                                                     |                |
|                                                                                                                                                                                   |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 12. Pumping level below land surfaces:<br>ft. after <u>4</u> hrs. pumping <u>8</u> g.p.m.<br>ft. after <u>4</u> hrs. pumping <u>8</u> g.p.m.<br>Estimated maximum yield <u>800</u> g.p.m.                                                                                                                                                                                                                                                       |                |
|                                                                                                                                                                                   |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 13. Water sample submitted: <u>Yes</u> No Date <u>12-10-75</u><br>mo./day/yr.                                                                                                                                                                                                                                                                                                                                                                   |                |
|                                                                                                                                                                                   |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade                                                                                                                                                                                                                                                                                                                               |                |
|                                                                                                                                                                                   |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <u>0</u> ft. to <u>10</u> ft.                                                                                                                                                                                                                |                |
|                                                                                                                                                                                   |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 16. Nearest source of possible contamination:<br>ft. <u>0</u> Direction <u>W</u> Type <u>W</u><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                    |                |
|                                                                                                                                                                                   |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            | 17. Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name <u>Baker</u><br>Model number <u>441RMHP</u> Volts <u>115</u><br>Length of drop pipe <u>10</u> ft. capacity <u>800</u> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                |
| (Use a second sheet if needed)                                                                                                                                                    |  |                                     |                     |                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
| 18. Elevation:<br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  | 19. Remarks:                        |                     | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><u>Darling Drilling Co.</u> 189<br>Business name License No.<br>Address <u>211 West 10th Hutchinson, KS</u><br>Signed <u>Donald J. Darling</u> Date <u>12-10-75</u><br>Authorized representative |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |

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

Form WWC-5