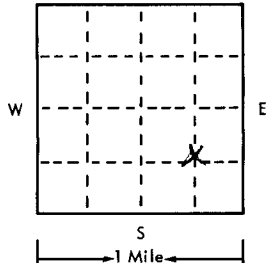


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Sedgwick	Township name	Fraction SE 1/4	Section number 6	Town number T26S	Range number R1W
Distance and direction from nearest town or city: 2 mi. N. of Wichita (Westlink)			3 Owner of well: Cranmer Grass Nursery 21st & Maize Rd. Wichita, Kansas			
Street address of well location if in city:			Address:			
Locate with "X" in section below: <div style="text-align: center;">N</div>  <div style="text-align: center;">S</div>			Sketch map: 4 Well depth: 168 ft. Date of completion 7/22/75 Well diameter 30 in. 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____ 7 Casing: Material Stl Height: above 36 in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 36 in. Diam. 16 in. to 108 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			
2			Type and color of material			
			From		To	
Clay			0		10	
Med. to coarse sand & gravel w/clay			10		15	
Med. to coarse sand & gravel			15		40	
Fine to med. sand & gravel			40		45	
Med. to coarse sand & gravel			45		50	
Clay			50		60	
Med. sand and gravel			60		65	
Fine sand			65		75	
Fine to med. sand & gravel			75		80	
Fine to med. sand & gravel			80		90	
Clay			90		100	
Sandy clay			100		110	
Fine to med. sand and gravel			110		130	
Clay			130		135	
Fine to med. sand & gravel			135		145	
Med. to coarse sand & gravel <small>(use a second sheet if needed)</small>			145		165	
16 Remarks: elevation			8 Screen: Manufacturer Doerr Type Stl Dia. 16" Slot/gauze 1/8 Length 60' Set between 82 ft. and 168 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/16 x 1/2 9 Static water level: 21.4 ft. below land surface Date 7/24/75 10 Pumping level below land surfaces: 47.8 ft. after 3 hrs. pumping 1000 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2000 g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 36 inches above grade 13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Clay Depth: From 0 ft. to 10 ft. 14 Nearest source of possible contamination: ft. 2000 Direction S.E. Type Service Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State Restr. 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Layne Model number 12KM HP 100 Volts _____ Length of drop pipe 60 ft. capacity 1000 g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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. Layne Western Co. 102 Business name License No. Address Wichita, Kansas Signed [Signature] Date 7/24/75 Authorized representative			

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

Form WWC-5