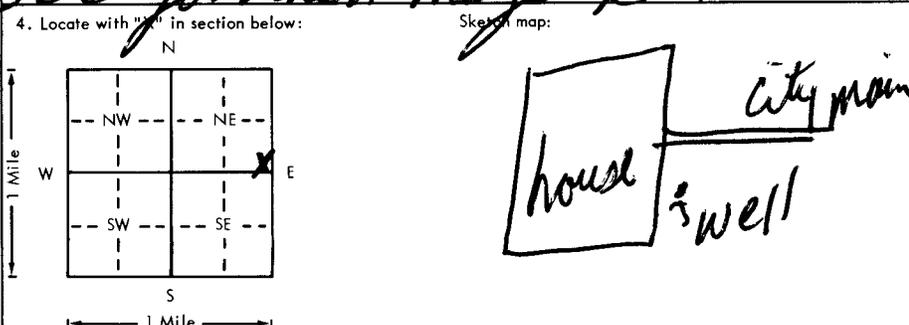


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Sedgwick</u> Fraction <u>SE 1/4 SE 1/4 NE 1/4</u> Section number <u>19</u> Township number <u>T 26. S</u> Range number <u>R 1</u> <span style="float: right;">NW</span>	
2. Distance and direction from nearest town or city: _____	
3. Owner of well: <u>TOM LITTLEMAN</u> R.R. or street: <u>7333 FREEMAN</u> City, state, zip code: <u>WICHITA KS 67212</u>	
4. Locate with "X" in section below: Street address of well location if in city: <u>326 Jonathan Maye St.</u> Sketch map: 	
5. Type and color of material	
	From To
<u>top soil</u>	<u>0 3</u>
<u>red clay</u>	<u>3 17</u>
<u>med. sand</u>	<u>17 32</u>
<u>red clay</u>	<u>32 33</u>
<u>course gravel</u>	<u>33 50</u>
6. Bore hole dia. <u>11</u> in. Completion date <u>8/27/78</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 <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC Weight <u>1.50</u> lbs./ft. Dia. <u>5</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>50</u> ft. depth Gauge No. <u>200</u>	
10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>200</u> Dia. <u>5 1/4</u> Slot gauge <u>1/4</u> Length <u>6 1/2</u> Set between <u>1/4</u> ft. and <u>1/2</u> ft. Gravel pack <u>yes</u> Size range of material <u>3/8</u>	
11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>8/27/78</u>	
12. Pumping level below land surfaces: _____ ft. after <u>1/2</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>35-40</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
16. Nearest source of possible contamination: _____ City _____ ft. <u>25</u> Direction <u>No</u> Type <u>Main</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: _____ Not installed Manufacturer's name <u>FW</u> Model number <u>12518</u> HP <u>1/2</u> Vol. <u>220</u> Length of drop pipe <u>35</u> ft. capacity <u>12</u> g.p.m. Type <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(Use a second sheet if needed)	
18. Elevation: _____	19. Remarks: <u>Customer to furnish 4x4x4" slab around casing at grade per State Regulations Signed Tom Little</u>
Topography: _____ Hill _____ Slope _____ Upland <input checked="" type="checkbox"/> Valley _____	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. <u>Weninger Dullin 3/8</u> Business name <u>Colwich</u> License No. _____ Address _____ Signed <u>Weninger</u> Date <u>8/27/78</u> Authorized representative

26 1 19 SE SE NE  
 T R S E  
 Sec 19 SE SE NE

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

Form WWC-5