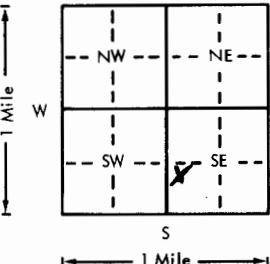


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>NW 1/4 SW 1/4 SE 1/4</u> | Section number: <u>19</u>                                                                                                                                                                                                                                                                                                                                                                                                                          | Township number: <u>26</u> S <u>1</u> E | Range number: <u>1</u> E |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|----------|---|---|-----------|---|----|--------------------|----|----|-----------|----|----|-----------------------|----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <u>726 Surry Ln. Maize KS</u>                                                                                                                                                                                                                                        |    |                         |                                       | 3. Owner of well: <u>Troy Griffin</u><br>R.R. or street: <u>702 James</u><br>City, state, zip code: <u>MAIZE KS 67101</u>                                                                                                                                                                                                                                                                                                                          |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
| 4. Locate with "X" in section below:<br>                                                                                                                                                                                                                                                 |    |                         |                                       | 6. Bore hole dia. <u>11</u> in. Completion date <u>2/28/28</u><br>Well depth <u>52</u> ft.                                                                                                                                                                                                                                                                                                                                                         |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
| 5. Type and color of material                                                                                                                                                                                                                                                                                                                                            |    |                         |                                       | 7. <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                                                                                                                                                                                           |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
| <table border="1"><thead><tr><th></th><th>From</th><th>To</th></tr></thead><tbody><tr><td>Top Soil</td><td>0</td><td>4</td></tr><tr><td>red clay.</td><td>4</td><td>18</td></tr><tr><td>fine to med. sand.</td><td>18</td><td>32</td></tr><tr><td>red clay.</td><td>32</td><td>33</td></tr><tr><td>med. to coarse gravel</td><td>33</td><td>52</td></tr></tbody></table> |    |                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | From                                    | To                       | Top Soil | 0 | 4 | red clay. | 4 | 18 | fine to med. sand. | 18 | 32 | red clay. | 32 | 33 | med. to coarse gravel | 33 | 52 | 8. Use: <input checked="" 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 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | From                                    | To                       |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | Top Soil                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                       | 4                        |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | red clay.                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4                                       | 18                       |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | fine to med. sand.                                                                                                                                                                                                                                                                                                                                                                                                                                 | 18                                      | 32                       |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
| red clay.                                                                                                                                                                                                                                                                                                                                                                | 32 | 33                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
| med. to coarse gravel                                                                                                                                                                                                                                                                                                                                                    | 33 | 52                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | 9. Casing: Material <u>PVC</u> Height <u>above</u> or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.76</u> lbs./ft.<br>Dia. <u>5</u> in. to <u>52</u> ft. depth Wall Thickness: inches or<br>Dia. <u>5</u> in. to <u>52</u> ft. depth gage No. <u>258</u>                                        |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | 10. Screen: Manufacturer's name <u>M.P.I.</u><br>Type <u>Sch 40</u> Dia. <u>5 in</u><br>Slot gauze <u>1/16</u> Length <u>10 ft</u><br>Set between <u>42</u> ft. and <u>52</u> ft.<br>ft. and <u>52</u> ft.<br>Gravel pack? <u>yes</u> Size range of material <u>3/8</u>                                                                                                                                                                            |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | 11. Static water level: <u>22</u> ft. below land surface Date <u>2/28/28</u><br>no./day/yr.                                                                                                                                                                                                                                                                                                                                                        |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | 12. Pumping level below land surfaces:<br><u>23</u> ft. after <u>1/2</u> hrs. pumping <u>20</u> g.p.m.<br>ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m.<br>Estimated maximum yield <u>100</u> g.p.m.                                                                                                                                                                                                                                           |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | 13. Water sample submitted: <u>  </u> mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>  </u>                                                                                                                                                                                                                                                                                                            |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <u>12</u> inches above grade                                                                                                                                                                                                                                                                                                                                                 |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | 15. Well grouted? <u>yes</u><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <u>12</u> ft. to <u>16</u> ft.                                                                                                                                                                                                                                           |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | 16. Nearest source of possible contamination:<br>ft. <u>  </u> Direction <u>none</u> Type <u>  </u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                       |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name <u>  </u><br>Model number <u>  </u> HP <u>  </u> Volts <u>  </u><br>Length of drop pipe <u>  </u> ft. capacity <u>  </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 type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          |    |                         |                                       | 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>Wm. H. Hines</u> 318<br>Business name <u>Sedgwick KS</u> License No. <u>  </u><br>Address <u>  </u><br>Signed <u>  </u> Date <u>2/28/28</u><br>Authorized representative                                                                                                        |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
| 18. Elevation:                                                                                                                                                                                                                                                                                                                                                           |    | 19. Remarks:            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                                                                                                                                          |    |                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                          |          |   |   |           |   |    |                    |    |    |           |    |    |                       |    |    |                                                                                                                                                                                                                                                                                                                                                        |  |  |

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

Form WWC-5