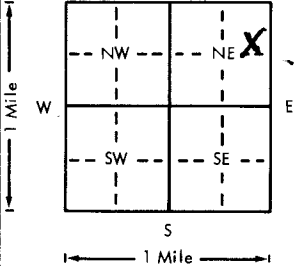


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Edwards</i>	Fraction <i>SE 1/4 NE 1/4 NE 1/4</i>	Section number <i>1</i>	Township number T <i>26</i>	Range number S R <i>16 W</i> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <i>H-30 Inc.</i> R.R. or street: City, state, zip code: <i>Wichita, Ks</i>			
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <i>X</i> <i>drainage</i>		6. Bore hole dia. <i>10</i> in. Completion date <i>6 Feb 78</i> Well depth <i>100</i> ft.	
5. Type and color of material			From	To	7. <input 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	
Sand, fine			0	2	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Sand, fine and gravel			2	13	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1258</u>	
Clay, green and white			13	52	10. Screen: Manufacturer's name _____ Type <u>Saw slot</u> Dia. <u>5"</u> Slot/gauze <u>18</u> Length <u>20'</u> Set between <u>80</u> ft. and <u>100</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4 X 4</u>	
Sand, with hard clay streaks			52	75	11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>6 Feb 78</u>	
Sand, med. to coarse and gravel			75	100	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.	
Clay, tan			100	105	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Clay, sandy			105	120	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
(Use a second sheet if needed)					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
18. Elevation:			19. Remarks:		16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>NONE</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
					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. <b>Central Well &amp; Pump Svc.</b> <u>325</u> Business name License No. Address <u>121 S. Taylor Pratt, Ks.</u> Signed <u>[Signature]</u> Date <u>2 July 78</u> Authorized representative	

T 26 R 16 W 1 SE NE NE 1/4 1/4

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

Form WWC-5