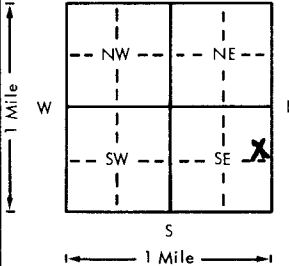


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>SEDGWICK</b> | Fraction<br><b>NE 1/4 SE 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                               | Section number<br><b>16</b> | Township number<br><b>T 26 S</b> | Range number<br><b>R 2W E/W</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <b>202 East Wichita Colwich, Kansas</b>                                    |  |                           | 3. Owner of well: <b>Consolidated Farmers Mutual Ins. Co.</b><br>R.R. or street: <b>202 East Wichita,</b><br>City, state, zip code: <b>Colwich, Kansas</b>                                                                                                                                                                                                                                                                                                     |                             |                                  |                                 |
| 4. Locate with "X" in section below:<br><div style="text-align: center;">  </div> Sketch map: |  |                           | 6. Bore hole dia. <b>11</b> in. Completion date <b>2-15-78</b><br>Well depth <b>60</b> ft.                                                                                                                                                                                                                                                                                                                                                                     |                             |                                  |                                 |
| 5. Type and color of material                                                                                                                                                  |  |                           | 7. <input checked="" type="checkbox"/> Cable tool <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                                                                                                                                                        |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 8. Use: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                              |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 9. Casing: Material <b>PVC</b> Height: Above or <del>Below</del> <b>12</b> in.<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>RMP <b>6</b> <b>PVC</b> <input checked="" type="checkbox"/> Weight <b>3.96</b> lbs./ft.<br>Dia. <b>6</b> in. to <b>60</b> ft. depth Wall Thickness: inches or<br>Dia. <b>6</b> in. to <b>60</b> ft. depth gage No. <b>.316</b>                                                    |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 10. Screen: Manufacturer's name <b>PVC NSF Approved</b> <b>200PSI</b><br>Type <b>PVC 200 PSI</b> Dia. <b>6"</b><br>Slot <del>1/16"</del> <b>.06</b> Length <b>15'</b><br>Set between <b>45</b> ft. and <b>60</b> ft.<br>ft. and <b>60</b> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>                                                                                                                                                |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 11. Static water level: <b>30</b> ft. below land surface Date <b>2-15-78</b><br>mo./day/yr.                                                                                                                                                                                                                                                                                                                                                                    |                             |                                  |                                 |
| (Use a second sheet if needed)                                                                                                                                                 |  |                           | 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.                                                                                                                                                                                                                                                                                  |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 13. Water sample submitted: ____ mo./day/yr.<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date ____                                                                                                                                                                                                                                                                                                                                             |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                                                     |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 15. Well grouted? <b>yes 1-2 fine sand mix</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>40"</b> ft. to <b>14</b> ft.                                                                                                                                                                                                                                    |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 16. Nearest source of possible contamination: <b>NONE</b><br>ft. ____ Direction ____ Type ____<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                        |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 17. Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name <b>Hydraulic Products</b><br>Model number <b>T100</b> HP <b>3/4</b> Volts <b>230</b><br>Length of drop pipe ____ ft. capacity <b>18</b> g.p.m.<br>Type: <input checked="" 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 is true to the best of my knowledge and belief.<br><b>Harp Well &amp; Pump</b> <b>236</b><br>Business name <b>Wichita, Kansas</b> License No. ____<br>Address ____<br>Signed <b>M. Arnold</b> Date <b>4-24-78</b><br>Authorized representative                                                                                                       |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 18. Elevation:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | 19. Remarks: <b>Flat Ground</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                  |                                 |
|                                                                                                                                                                                |  |                           | Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input 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