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

WATER WELL RECORD
KSA 82a-1201-1215

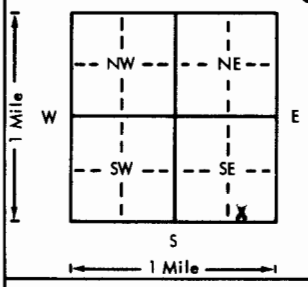
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 SE 1/4 SE 1/4	10	T 26 S	R 3 E (W)

2. Distance and direction from nearest town or city: Lot 7 Blk 2
Street address of well location if in city: Griese Addition North edge of Andale, Ks.

3. Owner of well: Pat Reichenberger
R.R. or street: Box 46
City, state, zip code: Andale, Kansas 67001

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 11 in. Completion date 11-15-75
Well depth 70 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Steel Height: Above or below
Threaded __ Welded X Surface 12 in.
RMP X PVC __ Weight ____ lbs./ft.
Dia. 5 in. to 70 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 200

5. Type and color of material	From	To
Sandy Topsoil	0	2
Clay	2	50
Medium Sand	50	58
Blue Shale	58	70

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower Plastic
Type Styrene Dia. 5"
(Slot/gauze) 006 Length 20'
Set between 50 ft. and 70 ft.
____ ft. and ____ ft.
Gravel pack? Yes Size range of material #4-#8"

11. Static water level: mo./day/yr.
50 ft. below land surface Date 11-15-75

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes __ No Date ____

14. Well head completion: Capped
__ Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: __ Neat cement __ Bentonite X Concrete
Depth: From 40" ft. to 14 ft.

16. Nearest source of possible contamination: None
ft. ____ Direction ____ Type ____
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks: no apparent source for contamination.

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.
Business name Sharp Well + Pump 236 License No.
Address Wichita, Kans.
Signed M. Arnold Date 11-17-75
Authorized representative

26 - 3 E (W)
T R
10 Sec
SW 1/4 SE 1/4 SE 1/4

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

Form WWC-5

MI-1023