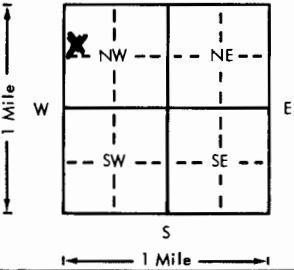
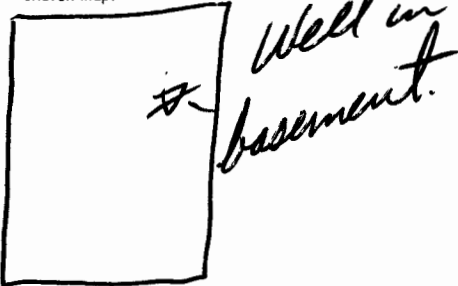


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

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

|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                |                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Location of well:                                                             |  | County: <u>Sedgewick</u>                                                          | Fraction: <u>SW 1/4 NW 1/4 NW 1/4</u> | Section number: <u>14</u>                                                                                                                                                                                                                                           | Township number: <u>T 26 S</u> | Range number: <u>R 3 E</u>                                                                                                                                                                                                                                                                                                                             |
| 2. Distance and direction from nearest town or city:                             |  | 3. Owner of well: <u>Clarence Orth</u>                                            |                                       | R.R. or street: <u>519 Breese</u>                                                                                                                                                                                                                                   |                                |                                                                                                                                                                                                                                                                                                                                                        |
| Street address of well location if in city: <u>329 Long Street, Andale KS</u>    |  | City, state, zip code: <u>Andale KS 67030</u>                                     |                                       |                                                                                                                                                                                                                                                                     |                                |                                                                                                                                                                                                                                                                                                                                                        |
| 4. Locate with "X" in section below:                                             |  | Sketch map:                                                                       |                                       | 6. Bore hole dia. <u>11</u> in. Completion date: <u>3/22/78</u>                                                                                                                                                                                                     |                                |                                                                                                                                                                                                                                                                                                                                                        |
|  |  |  |                                       | 7. 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 |                                |                                                                                                                                                                                                                                                                                                                                                        |
| 5. Type and color of material                                                    |  | From                                                                              |                                       | To                                                                                                                                                                                                                                                                  |                                | 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 |
| Top soil                                                                         |  | 0                                                                                 |                                       | 4                                                                                                                                                                                                                                                                   |                                | 9. Casing: Material <u>PVC</u> Height <u>0</u> Above or below                                                                                                                                                                                                                                                                                          |
| Red clay                                                                         |  | 4                                                                                 |                                       | 48                                                                                                                                                                                                                                                                  |                                | Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> In.                                                                                                                                                                                                                                                 |
| medium to coarse gravel                                                          |  | 48                                                                                |                                       | 72                                                                                                                                                                                                                                                                  |                                | RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>376</u> lbs./ft.                                                                                                                                                                                                                                                        |
| Shale                                                                            |  | 72                                                                                |                                       |                                                                                                                                                                                                                                                                     |                                | Dia. <u>5</u> in. to <u>72</u> ft. depth Wall Thickness: inches <u>1.258</u>                                                                                                                                                                                                                                                                           |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Dia. <u>5</u> in. to <u>72</u> ft. depth gage No. <u>1258</u>                                                                                                                                                                                                                                                                                          |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | 10. Screen: Manufacturer's name <u>MPI</u>                                                                                                                                                                                                                                                                                                             |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Type <u>40</u> Dia. <u>5</u> in.                                                                                                                                                                                                                                                                                                                       |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Slot/gauze <u>11/16</u> Length <u>10</u> ft.                                                                                                                                                                                                                                                                                                           |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Set between <u>62</u> ft. and <u>872</u> ft.                                                                                                                                                                                                                                                                                                           |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Gravel pack <u>Yes</u> Size range of material <u>3/8</u>                                                                                                                                                                                                                                                                                               |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | 11. Static water level: <u>38</u> ft. below land surface Date <u>3/22/78</u>                                                                                                                                                                                                                                                                           |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | 12. Pumping level below land surfaces:                                                                                                                                                                                                                                                                                                                 |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | <u>47</u> ft. after <u>1/2</u> hrs. pumping <u>20</u> g.p.m.                                                                                                                                                                                                                                                                                           |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | <u>47</u> ft. after <u>1/2</u> hrs. pumping <u>20</u> g.p.m.                                                                                                                                                                                                                                                                                           |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Estimated maximum yield <u>75</u> g.p.m.                                                                                                                                                                                                                                                                                                               |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | 13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>3/22/78</u>                                                                                                                                                                                                                             |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | 14. Well head completion: <u>12</u> inches above grade                                                                                                                                                                                                                                                                                                 |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | <input type="checkbox"/> Pitless adapter                                                                                                                                                                                                                                                                                                               |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | 15. Well grouted? <u>Yes</u>                                                                                                                                                                                                                                                                                                                           |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete                                                                                                                                                                                                                             |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Depth: From <u>62</u> ft. to <u>16</u> ft.                                                                                                                                                                                                                                                                                                             |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | 16. Nearest source of possible contamination: <u>None</u>                                                                                                                                                                                                                                                                                              |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | ft. <u>None</u> Direction <u>None</u> Type <u>None</u>                                                                                                                                                                                                                                                                                                 |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                  |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | 17. Pump: <input checked="" type="checkbox"/> Not installed                                                                                                                                                                                                                                                                                            |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Manufacturer's name <u>None</u>                                                                                                                                                                                                                                                                                                                        |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Model number <u>None</u> HP <u>None</u> Volts <u>None</u>                                                                                                                                                                                                                                                                                              |
|                                                                                  |  |                                                                                   |                                       |                                                                                                                                                                                                                                                                     |                                | Length of drop pipe <u>None</u> ft. capacity <u>None</u> 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                                                                                                                                                                                                                                                                                    |
| 18. Elevation:                                                                   |  | 19. Remarks:                                                                      |                                       | 20. Water well contractor's certification:                                                                                                                                                                                                                          |                                |                                                                                                                                                                                                                                                                                                                                                        |
| Topography:                                                                      |  |                                                                                   |                                       | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Hill                                                    |  |                                                                                   |                                       | Business name <u>Weninger Drilling</u> License No. <u>318</u>                                                                                                                                                                                                       |                                |                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Slope                                                   |  |                                                                                   |                                       | Address <u>Andale KS</u>                                                                                                                                                                                                                                            |                                |                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Upland                                                  |  |                                                                                   |                                       | Signed <u>J. Weninger</u> Date <u>3/22/78</u>                                                                                                                                                                                                                       |                                |                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Valley                                                  |  |                                                                                   |                                       | Authorized representative <u>J. Weninger</u>                                                                                                                                                                                                                        |                                |                                                                                                                                                                                                                                                                                                                                                        |

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

Form WWC-5