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

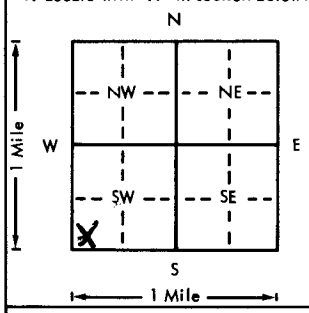
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SW 1/4 SW 1/4 SW 1/4	8	T 27 S	R 1 E (W)

2. Distance and direction from nearest town or city:

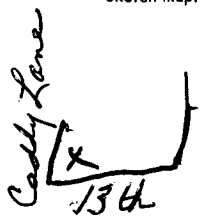
Street address of well location if in city: 1440 Caddy Lane

3. Owner of well: Ron Anderson
R.R. or street: 1440 Caddy Lane
City, state, zip code: Wichita KS 67212

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 8 in. Completion date 10/7/77
Well depth 35 ft.

7. ___ Cable tool ✓ Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

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

9. Casing: Material Styrene; Height: Above (✓) or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ___ Weight 100 lbs./ft.
Dia. 4 in. to 35 ft. depth; Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth; gage No. 100

5. Type and color of material	From	To
Red Clay	0	25
Red Sand	25	35

10. Screen: Manufacturer's name Sunflower
Type 100 Dia. 4
Slot/gauze Slot Length 35
Set between 30 ft. and 35 ft.
___ ft. and ___ ft.
Gravel pack: None; Size range of material ___ "

11. Static water level:
25 ft. below land surface Date mo./day/yr. 10/7/77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 5 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes ✓ No Date ___

14. Well head completion:
___ Pitless adapter ___ Inches above grade

15. Well grouted? No
With: ✓ Neat cement ___ Bentonite ___ Concrete
Depth: From ___ ft. to ___ ft.

16. Nearest source of possible contamination:
ft. 50 Direction N Type Sewer
Well disinfected upon completion? ✓ Yes ___ No

17. Pump: ✓ 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

(Use a second sheet if needed)

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
✓ Valley

19. Remarks: Well not completed. Was destroyed by owner. New well was drilled 48' Refer to next log. This well was checked by me Oct 4 - 1977 Virgil Anderson

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 Jet Drilling License No. 313
Address 257 N Sabin
Signed Virgil Anderson Date 10/7/77
Authorized representative

27 T — 1 R E — 8 Sec — SW 1/4 SW 1/4 SW 1/4

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

Form WWC-5

MI-1023