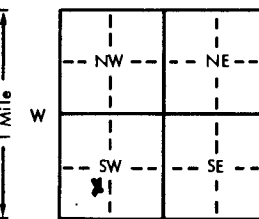


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

SW NW SE SW

County: Sedgwick		Fraction: 1/4 SW 1/4	Section number: 21	Township number: T 27 S	Range number: R 1 W
1. Location of well:		2. Distance and direction from nearest town or city: 135 South Secora Drive			
Street address of well location if in city:		3. Owner of well: Randy Hay Const. Co. R.R. or street: 135 South Secora Drive City, state, zip code: Wichita, Kansas			
4. Locate with "X" in section below: 		Sketch map: Wichita, Kansas		6. Bore hole dia. _____ in. Completion date _____ Well depth 73 ft. 6-5-76	
				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 _____ Height Above or below _____ Threaded _____ Welded _____ Surface _____ 12 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 5 in. to 73 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. 200	
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____ Type _____ Dia. 5" Plastic gauze _____ Length 20' Set between 53 ft. and 73 ft. Gravel pack? _____ Size range of material 1/4-1/8"	
Sandy Topsoil		0	2	Sunflower plastic	
Clay		2	15	Type _____ Dia. _____	
Medium Sand		15	73	Plastic gauze _____ Length _____	
				Set between _____ ft. and _____ ft.	
				Gravel pack? _____ Size range of material _____	
				11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date 6-5-76	
				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: _____ Pitless adapter _____ 12 Capped Inches above grade	
				15. Well grouted? _____ With: Neat cement _____ Bentonite _____ Concrete _____ Depth: From 40' to 14 ft.	
				16. Nearest source of possible contamination: _____ City _____ ft. _____ Direction _____ 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 _____	
18. Elevation:	19. Remarks: Flat Ground Pump not installed at this time.		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. Harold Wells Pump 236 Business Name _____ License No. _____ Address _____ Signed M. Orselt _____ Date 7-30-76 Authorized representative		

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

Form WWC-5