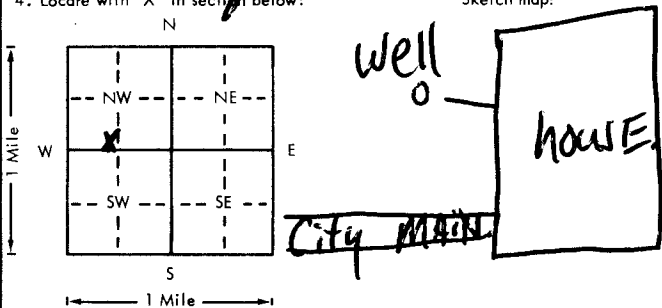


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

NE NW SE NW Sec. 28

1. Location of well: County <u>Sedgwick</u> Fraction <u>SE 1/4 SW 1/4 NW 1/4</u> Section number <u>21</u> Township number <u>T 27 S R 1 E W</u> Range number <u>1</u>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>515 Turquoise Wichita KS.</u>	
3. Owner of well: <u>21st Electric</u> R.R. or street: <u>512 W. 21st</u> City, state, zip code: <u>Wichita KS 67203</u>	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <u>80</u> in. Completion date <u>8/29/78</u> Well depth <u>80</u> ft.	
7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>Stipore</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.50</u> lbs./ft. Dia. <u>5</u> in. <u>80</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>80</u> ft. depth gage No. <u>200</u>	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 3</u>
<u>red clay</u>	<u>3 13</u>
<u>fine sand</u>	<u>13 25</u>
<u>red clay</u>	<u>25 26</u>
<u>med. gravel</u>	<u>26 38</u>
<u>red clay</u>	<u>38 39</u>
<u>fine sand</u>	<u>39 58</u>
<u>gray clay</u>	<u>58 60</u>
<u>fine sand</u>	<u>60 71</u>
<u>gray clay</u>	<u>71 72</u>
<u>med. gravel</u>	<u>72 80</u>
10. Screen: Manufacturer's name <u>SAFLOVER</u> Type <u>200</u> Dia. <u>5 1/4</u> Gauge <u>1/16</u> Length <u>6 1/2</u> Set between <u>1/2</u> ft. and <u>18</u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/8</u>	
11. Static water level: <u>26</u> ft. below land surface Date <u>8/29/78</u>	
12. Pumping level below land surfaces: <u>30</u> ft. after <u>1/2</u> hrs. pumping <u>15</u> g.p.m. <u>30</u> ft. after <u>1/2</u> hrs. pumping <u>15</u> g.p.m. Estimated maximum yield <u>35</u> g.p.m.	
13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>8/29/78</u>	
14. Well head completion: <u>12</u> Pitless adapter <u>12</u> Inches above grade	
15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
16. Nearest source of possible contamination: <u>50</u> ft. Direction <u>So.</u> Type <u>city water</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 _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Customer to furnish 4x4x4 slab around casing at grade Per State Regulations Signed X J. Harris</u>
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. <u>Weninger Duhon 318</u> Business name _____ License No. _____ Address _____ Signed <u>J. Weninger</u> 8/29/78 Authorized representative	

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

Form WWC-5