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

Plugging Report

WATER WELL RECORD
KSA 82a-1201-1215

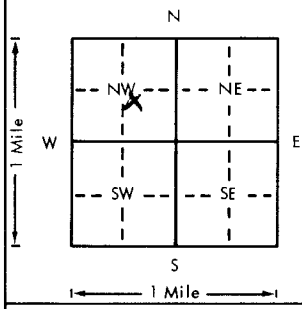
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	NW 1/4 SE 1/4 NW 1/4	26	T 27 S	R 1 E/W

2. Distance and direction from nearest town or city: 1/4 mi S. of Maple St. & 300' W. of I235
Street address of well location if in city:

3. Owner of well: Utility Contractors Inc
R.R. or street: 659 N. Market
City, state, zip code: Wichita, Kansas

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. ____ in. Completion date
Well depth 55 ft. 3/21/80

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 X Other

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded ____ Surface ____ in.
RMP ____ PVC ____ Weight ____ lbs./ft.
Dia. ___ in. to ____ ft. depth Wall Thickness: inches or
Dia. ___ in. to ____ ft. depth gage No. ____

5. Type and color of material	From	To
Pulled Screen & Casing		
Hole collapsed to SWL @ 10'		
Backfill to Surface w/clay		
(Use a second sheet if needed)		

10. Screen: Manufacturer's name ____
Type ____ Dia. ____
Slot/gauze ____ Length ____
Set between ____ ft. and ____ ft.
____ ft. and ____ ft.
Gravel pack? ____ Size range of material ____

11. Static water level: mo./day/yr.
____ ft. below land surface Date ____

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 ____ Inches above grade

15. Well grouted? ____
With: ___ Neat cement ___ Bentonite ___ Concrete
Depth: From ____ ft. to ____ ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type ____
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:

Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks: Dewatering Well

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.
Layne Western Co Inc 102
Business name License No.
Address Wichita Kansas
Signed [signature] Date 4/1/80
Authorized representative

T 27 R 1 E/W Sec 26 1/4 1/4 1/4 NW SE NW

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

Form WWC-5

MT-1023