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

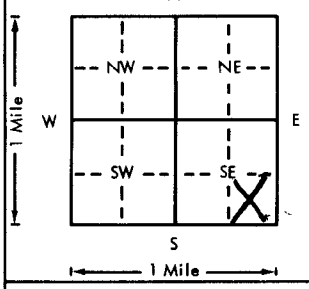
NE NE NW SW

1. Location of well: County: Sedwick | Fraction: SE 1/4 SE 1/4 SE 1/4 | Section number: 26 36 | Township number: T 27 S | Range number: R 1 E (W)

2. Distance and direction from nearest town or city:
Street address of well location if in city: 2020 S. Kessler Wichita, KS

3. Owner of well: CAin + Bill Const.
R.R. or street: 2020 S. Kessler
City, state, zip code: Wichita KS

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
White Sand	0'	30'
		1
(Use a second sheet if needed)		

6. Bore hole dia. 8 in. Completion date 12/27
Well depth 30 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 ____ Height: (Above) or below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC ✓ Weight 100 (lbs) /ft.
Dia. 5 in. to 30 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 1/4

10. Screen: Manufacturer's name Sunflower
Type 100 Dia. 5"
Slot/gauze slot Length 5'
Set between 25 ft. and 30 ft.
____ ft. and ____ ft.
Gravel pack? NO Size range of material ____

11. Static water level: mo./day/yr.
13 ft. below land surface Date 12/27/16

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

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion:
__ Pitless adapter ____ Inches above grade

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

16. Nearest source of possible contamination:
ft. 60 Direction ~~West~~ North Type Sewer
Well disinfected upon completion? ____ Yes X No

17. Pump: X 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:

20. Water well contractor's certificotion:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Jet Drilling 313
Business name License No.
Address 257 N. Sabin
Signed Wyatt Sanderson Date 12/27
Authorized representative

27 T — 1 R (E) 26 Sec SE 1/4 SE 1/4 SE 1/4

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

Form WWC-5

MI-1023