

USE TYPEWRITER OR BALL  
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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<br><b>Sedgwick</b> | Fraction<br><b>SW 1/4 SW 1/4 SE 1/4</b> | Section number<br><b>29</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Township number<br><b>T 27 S R 1</b> | Range number<br><b>1</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <b>9520 W. Harry</b>                                        |  |                           |                                         | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                          |
| 4. Locate with "X" in section below:<br>N<br>Sketch map:<br><br>Well No. 1 (1-76)                                                                               |  |                           |                                         | 6. Bore hole dia. <b>24</b> in. Completion date <b>6/4/76</b><br>Well depth <b>100</b> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                          |
| 5. Type and color of material                                                                                                                                   |  |                           |                                         | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                                                                                                                                                                                      |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                                                                                                       |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 9. Casing: Material <b>PI</b> Height: Above <b>and below</b><br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.<br>Dia. <b>8</b> in. to <b>60</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>Class 100</b>                                                                                          |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 10. Screen: Manufacturer's name <input type="checkbox"/><br>Type <b>Plastic</b> Dia. <b>8</b> "<br>Slot/gauze <input type="checkbox"/> Length <b>40</b> '<br>Set between <b>60</b> ft. and <b>100</b> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack? <b>Yes</b> Size range of material <b>1/8 x 3/8</b>                                                                                                                                                                                                |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 11. Static water level: <input type="checkbox"/> no./day/yr.<br><b>24</b> ft. below land surface Date <b>6/4/76</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 12. Pumping level below land surfaces:<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <input type="checkbox"/> g.p.m.                                                                                                                                                                                                                    |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 13. Water sample submitted: <input type="checkbox"/> no./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                        |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 15. Well grouted? <b>yes</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>15</b> ft.                                                                                                                                                                                                                                                                                                                                      |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 16. Nearest source of possible contamination:<br>ft. <b>100</b> Direction <b>South</b> Type <b>Septic field</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                     |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name <input type="checkbox"/><br>Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/><br>Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                      |                          |
|                                                                                                                                                                 |  |                           |                                         | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><b>Layne Western Co.</b> <b>102</b><br>Business name License No.<br>Address <b>1011 W. Harry Wichita</b><br>Signed <b>[Signature]</b> Date <b>6-7-76</b><br>Authorized representative                                                                                                                                                                                        |                                      |                          |
| 18. Elevation:                                                                                                                                                  |  | 19. Remarks:              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                          |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  |                           |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                          |

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

Form WWC-5