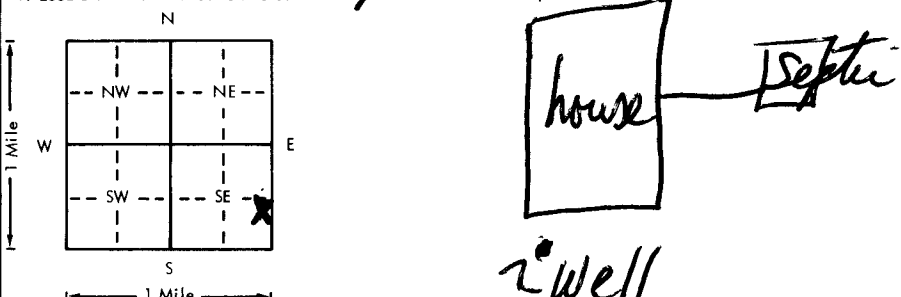


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well: County <u>Sedgwick</u> Fraction <u>NE 1/4 SE 1/4 SE 1/4</u> Section number <u>27</u> Township number <u>T 27 S</u> Range number <u>R 20 E</u>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1440 Tapestry Gardner 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 67204</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top soil.</u>	<u>0 2</u>
<u>Red clay.</u>	<u>2 25</u>
<u>GRAY CLAY.</u>	<u>25 32</u>
<u>blue-green red shale.</u>	<u>32 65</u>
<u>redish clay shale</u>	<u>65 68</u>
<u>blue-green shale.</u>	<u>68 80</u>
6. Bore hole dia. <u>8 1/2</u> in. Completion date: <u>7/11/78</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"/> Law <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>Steel</u> Height above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>1 1/2</u> in. RMP <input checked="" type="checkbox"/> PVC Weight <u>1.50</u> lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall thickness: inches or Dia. <u>5</u> in. to <u>80</u> ft. depth Gauge No. <u>200</u>	
10. Screen: Manufacturer's name <u>Stanflow</u> Type <u>200</u> Dia. <u>5</u> in. Sieve gauze <u>1 1/2</u> Length <u>40</u> ft. Set between <u>40</u> ft. and <u>80</u> ft. ft. and <u>80</u> ft. Gravel pack <u>yes</u> Size range of material <u>3/8</u>	
11. Static water level: <u>17</u> ft. below land surface Date <u>7/11/78</u> no./day/yr	
12. Pumping level below land surfaces: <u>33</u> ft. after <u>1/2</u> hrs. pumping <u>10</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15-30</u> g.p.m.	
13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
14. Well head completion: <input type="checkbox"/> 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>100</u> ft. Direction <u>NE</u> Type <u>Septic</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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 type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Customer to furnish 4x4x4" slab around casing at grade</u> <u>Per State Regulations</u> <u>Signed X J. Hall 1/20</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>Wagner Dully 318</u> Business name <u> </u> License No. <u> </u> Address <u> </u> <u> </u> <u> </u> Signed <u> </u> <u> </u> <u> </u> Date <u>7/12/78</u> Authorized representative	

27 - 20 27 NE SE SE

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

Form WWC-5