

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

| <input checked="" type="checkbox"/> Location of well:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | County<br><b>Sedgwick</b>                                                                                                                                                     | Fraction<br><b>SE 1/4 SE 1/4 NW 1/4</b> | Section number<br><b>27</b>                                                                                                                                 | Township number<br><b>T 28 S</b>                                                            | Range number<br><b>R 1 E</b> |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------|----|----------|---|---|---------------------------|---|---|--------------------------------|---|----|--------------------------------|----|----|---------------------|----|----|--------------------------------|----|----|-----------------------|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Distance and direction from nearest town or city: <b>3 miles south of Wichita International Airport</b><br>Street address of well location if in city:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                         | 3. Owner of well: <b>Vulcan Materials Company</b><br>R.R. or street: <b>6200 So. Ridge Road, Box 545</b><br>City, state, zip code: <b>Wichita, KS 67201</b> |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 4. Locate with "X" in section below: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="text-align: center; margin-right: 20px;">           Sketch map:<br/> </div> <div> <b>No. 26 - 16" Monitor Well</b><br/> <b>2500' East &amp; 2500 South of</b><br/> <b>NW Cor. Sec. 27 (Approx.)</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                         |                                                                                                                                                             | 6. Bore hole dia. <b>24</b> in. Completion date <b>10/12/77</b><br>Well depth <b>59</b> ft. |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>Top soil</td><td>0</td><td>5</td></tr> <tr><td>Clay - Silty, Red &amp; Brown</td><td>5</td><td>8</td></tr> <tr><td>Clay - Sandy, some silt, Brown</td><td>8</td><td>13</td></tr> <tr><td>Sand &amp; Gravel - Fine to Medium</td><td>13</td><td>30</td></tr> <tr><td>Clay - Brown &amp; Gray</td><td>30</td><td>40</td></tr> <tr><td>Sand &amp; Gravel - Fine to Coarse</td><td>40</td><td>53</td></tr> <tr><td>Clay - Yellow &amp; Brown</td><td>53</td><td>58</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             | From                         | To | Top soil | 0 | 5 | Clay - Silty, Red & Brown | 5 | 8 | Clay - Sandy, some silt, Brown | 8 | 13 | Sand & Gravel - Fine to Medium | 13 | 30 | Clay - Brown & Gray | 30 | 40 | Sand & Gravel - Fine to Coarse | 40 | 53 | Clay - Yellow & Brown | 53 | 58 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7. Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             | From                         | To |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                         |                                                                                                                                                             | Clay - Silty, Red & Brown                                                                   | 5                            | 8  |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                         |                                                                                                                                                             | Clay - Sandy, some silt, Brown                                                              | 8                            | 13 |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                         |                                                                                                                                                             | Sand & Gravel - Fine to Medium                                                              | 13                           | 30 |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
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| 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>Steel</b> Height: <input checked="" type="checkbox"/> Above or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>66'</b><br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>42.05</b> lbs./ft.<br>Dia. <b>16</b> in. to <b>46</b> ft. depth Wall Thickness: inches or<br>Dia. <b>16</b> in. to <b>34-59</b> ft. depth gage No. <b>250</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 10. Screen: Manufacturer's name <b>Doerr</b><br><b>Armco Ingot</b><br>Type <b>Double-slot</b> Dia. <b>16"</b><br>Slot/gauze <b>1/8"</b> Length <b>8'</b><br>Set between <b>46</b> ft. and <b>54</b> ft.<br>Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <b>3/8-200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 11. Static water level: <b>top of casing</b> /day/yr.<br><b>44.2</b> ft. below land surface Date <b>11/11/77</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 12. Pumping level below land surfaces:<br><b>50</b> ft. after <b>4</b> 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 <b>50</b> g.p.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 14. Well head completion: <b>NO</b><br><input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 15. Well grouted? <input checked="" type="checkbox"/> yes<br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>43</b> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 16. Nearest source of possible contamination:<br>ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <b>Plant</b><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 19. Remarks:<br><b>Elev. Top 16" Casing 1305.91</b><br><b>Elev. Ground 1305.25</b><br><div style="text-align: center; font-size: small;">(Use a second sheet if needed)</div> |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |
| 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Clarke Well &amp; Equip. Inc. 185</b><br>Business name <b>Great Bend, KS 67530</b> License No.<br>Address<br>Signed <i>[Signature]</i> Date <b>2/14/78</b><br>Authorized representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                         |                                                                                                                                                             |                                                                                             |                              |    |          |   |   |                           |   |   |                                |   |    |                                |    |    |                     |    |    |                                |    |    |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                     |  |

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

Form WWC-5