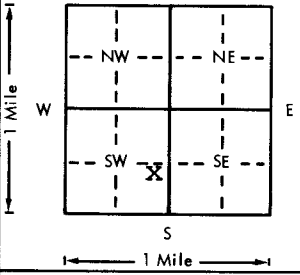


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Sedgwick</b>	Fraction <b>NE SE 1/4 SW 1/4</b>	Section number <b>27</b>	Township number <b>T 28 S</b>	Range number <b>R 1 W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>12</u> in. Completion date _____ Well depth <u>70.5</u> ft. <u>3/3/77</u>		
Monitor & Sampling Well No. 101A-1976 (South Well)  +- 1000' N. of 63rd; +- 7' W. of East Fence				7. <input 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 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"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other		
5. Type and color of material				9. Casing: Material <u>PVC</u> Height: Above or <del>Below</del> _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2.60</u> ' in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3.94</u> lbs./ft. Dia. <u>6</u> in. to <u>60.5</u> ft. depth   Wall Thickness: inches or Dia. _____ in. to _____ ft. depth   gage No. <u>0.316</u> "		
				10. Screen: Manufacturer's name _____ <u>Layne</u> Type <u>PVC</u> Dia. <u>6</u> " Slot/gauze <u>0.125</u> " Length <u>10</u> ' Set between <u>60.5</u> ft. and <u>70.5</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u> "		
Top soil				11. Static water level: * _____ mo./day/yr. <u>47.5</u> ft. below land surface Date <u>2/25/77</u>		
Brown-gray clay				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.		
Fine to coarse sand w/some coarse gravel				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Brown clay				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
Fine to coarse sand				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>50</u> ft.		
Brown clay				16. Nearest source of possible contamination: <u>ND**</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Fine to coarse sand to fine gravel				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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		
Brown silt						
Brown clay						
Med. to co. sand to med. co. gravel						
Blue-gray limey shale						
(Use a second sheet if needed)						
18. Elevation: <u>1307.43</u>		19. Remarks:  <u>*Static water level is from top of casing; also screen setting depth &amp; well depth.</u> <u>**N.D.=not determined</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>Layne Western Co. 102</u> Business name _____ License No. _____ Address <u>Wichita, Kansas</u> Signed <u>D.R. SODER</u> Date <u>3/8/77</u> Authorized representative _____ Form WWG-5		

29 - 10 27 NE SE SW

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