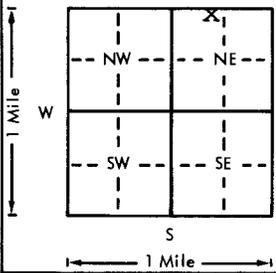


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Sedgwick NW	Fraction NE 1/4 NE 1/4 1/4	Section number 27	Township number T 28 S	Range number R 1 E
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: N W E S 1 Mile Sketch map: 			6. Bore hole dia. <u>12</u> in. Completion date _____ Well depth <u>69.5</u> ft. <u>3/3/77</u>		
5. Type and color of material			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 checked="" type="checkbox"/> 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		
From To			9. Casing: Material <u>PVC</u> Height: Above ground _____ Threaded _____ Welded _____ Surface <u>3.2</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>3.94</u> lbs./ft. Dia. <u>6</u> in. to <u>59.5</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>59.5</u> ft. and <u>69.5</u> ft. _____ ft. and _____ 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>39.70</u> ft. below land surface Date <u>2/25/77</u>		
Brown 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 co. sand to med. gr., silt			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Med to co. sand to med. co. gravel			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
Tan clay			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>49.7</u> ft.		
Med. to co. sand & gravel			16. Nearest source of possible contamination: **ND ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Blue limey shale			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		
(Use a second sheet if needed)			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>[Signature]</u> Date <u>3/8/77</u>		
18. Elevation: <u>1302.05</u>		19. Remarks: *Static water level is from top of casing; also screen setting depth & well depth. **ND - not determined			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

29 - 102 27 NE NW NE
T
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Sec
1/4 1/4 1/4

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

Form WWC-5