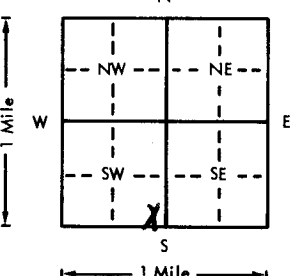


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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: <u>Sedgwick</u>                                                                                      |  | Fraction: <u>1/4 SE 1/4 SW 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Section number: <u>12</u> | Township number: T <u>28</u> S R <u>2</u> E <u>W</u> |                                                    |  |  |                                                                                                                                                                                                                                                                                                                                                              |  |  |
| 2. Distance and direction from nearest town or city: <u>13550 N. 3950. Wichita, Kas</u>                                   |  | 3. Owner of well: <u>Ed Budwell</u><br>R.R. or street: <u>2625 So. West St.</u><br>City, state, zip code: <u>Wichita, Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                      |                                                    |  |  |                                                                                                                                                                                                                                                                                                                                                              |  |  |
| 4. Locate with "X" in section below:<br> |  | 6. Bore hole dia. <u>5</u> in. Completion date <u>10-3-75</u><br>Well depth <u>95</u> ft.<br>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<br>8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input 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<br>9. Casing: Material <u>Steel</u> Height (Above or below surface) <u>12</u> in.<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> RMP <input checked="" type="checkbox"/> PVC Weight <u>95</u> lbs./ft.<br>Dia. <u>5</u> in. to <u>95</u> ft. depth Wall Thickness: inches or Dia. <u>1</u> in. to <u>95</u> ft. depth gage No. <u>200</u><br>10. Screen: Manufacturer's name <u>Sunflower Plastic</u><br>Type <u>slotted</u> Dia. <u>5"</u><br>Slot/gauze <u>0.050</u> Length <u>75'</u><br>Set between <u>20</u> ft. and <u>95</u> ft.<br>Gravel pack <u>yes</u> Size range of material <u>1/4-1/8"</u><br>11. Static water level: <u>20</u> ft. below land surface Date <u>10-3-75</u><br>12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.<br>13. Water sample submitted: ____ mo./day/yr.<br>Yes ____ No ____ Date ____<br>14. Well head completion: <u>12 capped</u><br>____ Pitless adapter ____ Inches above grade<br>15. Well grouted <u>yes</u><br>With: ____ Neat cement ____ Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <u>40"</u> to <u>14</u> ft.<br>16. Nearest source of possible contamination: <u>Septic tank</u><br>ft. <u>100</u> Direction <u>to</u> Type <u>Septic tank</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ No ____<br>17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type: ____ Submersible ____ Turbine<br>____ Jet ____ Reciprocating<br>____ Centrifugal ____ Other<br>18. Elevation: <u>Topography: <input checked="" type="checkbox"/> Hill ____ Slope ____ Upland ____ Valley</u> |                           |                                                      | 19. Remarks: <u>(Use a second sheet if needed)</u> |  |  | 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><u>Sharp Well Pump 236</u><br>Business name <u>Wichita Kansas</u> License No. ____<br>Address <u>Wichita Kansas</u><br>Signed <u>M. Arnold</u> Date <u>10-6-75</u><br>Authorized representative |  |  |

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

Form WWC-5