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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

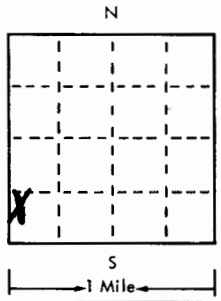
NW SW SW

| 1 Location of well: | County: Sedg | Township name: OHIO | Fraction: SW 1/4 | Section number: 9 | Town number: 29S | Range number: 1W. |
|---|---|---|---|---|---|---|

Distance and direction from nearest town or city: 1 Mile So
Street address of well location if in city: BAYNEVILLE KS.

3 Owner of well: Daryl Engel
Address: 1926 So St. Paul Wichita KS.

Locate with "X" in section below:




Sketch map:

NEW HOME
WELL in BASEMENT.

4 Well depth: 65 ft. Date of completion 5/13
Well diameter 5 in.

5 ☐ Cable tool ☑ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☑ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material: plastic Height: above/below
Threaded ☐ Welded ☐ surface 18 in.
Diam. 5 in. to 65 ft. depth Weight 160 lbs./ft. 100
Drive shoe? ☐ Yes ☑ No
___ in. to ___ ft. depth

| 2 Type and color of material | From | To |
|---|---|---|
| Top Soil | 0 | 5 |
| Reddish. Clay | 5 | 18 |
| Fine SAND. | 18 | 23 |
| Clay. | 23 | 40 |
| GRAVEL | 40 | 65 |

(use a second sheet if needed)

8 Screen:
Manufacturer JESSE d LOWELL
Type PLASTIC Dia. 5"
Slot/gauze _____ Length 10 11
Set between 55 ft. and 65 ft.
Fittings:
Gravel pack ☑ Yes ☐ No Size range of material 3/8

9 Static water level:
28 ft. below land surface Date 5/13

10 Pumping level below land surface:
___ ft. after ___ hrs. pumping UNKNOWN g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 80 g.p.m.

11 Water sample submitted:
☐ Yes ☑ No Date _____

12 Well head completion:
☐ Pitless adapter 18 inches above grade

13 Well grouted? ☑ Yes ☐ No
☑ Neat cement ☐ Bentonite ☐ _____
Depth: From 13 ft. to 23 ft.

14 Nearest source of possible contamination:
ft. _____ Direction NONE Type _____
Well disinfected upon completion? ☑ Yes ☐ No

15 Pump: ☑ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
UPLAND.

Topography:
☐ Hill
☐ Slope
☑ Upland
☐ Valley

17 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.
Business name WELLINGER DRLG 238A License No.
Address MAIZE KS
Signed _____ Date 5/13
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H