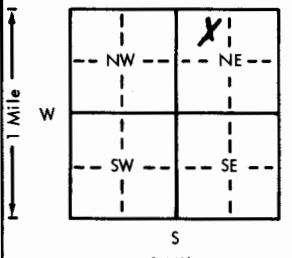


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Sumner</u>		Fraction <u>1/4 NW 1/4 NE 1/4</u>	Section number <u>15</u>	Township number <u>32</u>	Range number <u>1</u>
2. Distance and direction from nearest town or city: <u>1309 N. Jefferson</u>		3. Owner of well: <u>Rodney Metz</u>			
Street address of well location if in city: <u>Wellington, Kan.</u>		R.R. or street: <u>1309 North Jefferson</u>			
4. Locate with "X" in section below:		City, state, zip code: <u>Wellington, Kans.</u>			
		6. Bore hole dia. <u>12</u> in. Completion date <u>3-18-76</u>			
		Well depth <u>70</u> ft.			
		7. <input checked="" 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
		9. Casing: Material <u>styrofoam</u> Above or below			
		Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.			
		RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>12</u> lbs./ft.			
		Dia. <u>5</u> in. to <u>70</u> ft. depth			
		Wall Thickness: inches or			
		Dia. <u>5</u> in. to <u>70</u> ft. depth gage No. <u>200</u>			
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>sunflower plastic</u>	
<u>Sandy soil</u>		<u>0</u>	<u>2</u>	Type <u>styrofoam</u> Dia. <u>5"</u>	
<u>Clay</u>		<u>2</u>	<u>10</u>	Slot gauge <u>1.00</u> Length <u>45'</u>	
<u>Fine Sand</u>		<u>10</u>	<u>18</u>	Set between <u>25</u> ft. and <u>70</u> ft.	
<u>Shale</u>		<u>18</u>	<u>70</u>	Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>	
				11. Static water level: <u>25</u> ft. below land surface Date <u>3-18-76</u>	
				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.	
				13. Water sample submitted: ____ mo./day/yr.	
				____ Yes ____ No Date ____	
				14. Well head completion: <u>12</u> capped	
				____ Pitless adapter ____ inches above grade	
				15. Well grouted? <u>yes</u>	
				With: ____ Neat cement ____ Bentonite <input checked="" type="checkbox"/> Concrete	
				Depth: From <u>40'</u> to <u>14'</u>	
				16. Nearest source of possible contamination: <u>sewer</u>	
				ft. <u>30</u> Direction <u>NW</u> Type <u>line</u>	
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ No	
				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	
18. Elevation:		20. Water well contractor's certification:			
Topography:		This well was drilled under my jurisdiction and this report			
<input type="checkbox"/> Hill		is true to the best of my knowledge and belief.			
<input checked="" type="checkbox"/> Slope		<u>Harpwell-Kemp 236</u>			
<input type="checkbox"/> Upland		Business name <u>Wichita, Kans.</u>			
<input type="checkbox"/> Valley		Address <u>Wichita, Kans.</u>			
		Signed <u>M. Arnold</u> Date <u>3-27-76</u>			
		Authorized representative <u>3-27-76</u>			

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

Form WWC-5