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

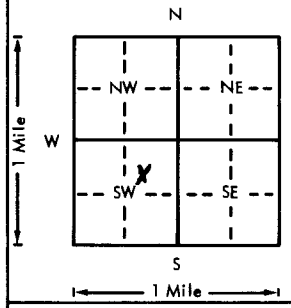
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	NE 1/4 SW 1/4 1/4	32	T 29 S	R 2E E/W

2. Distance and direction from nearest town or city: 233 Martha

Street address of well location if in city: Mulvane, Ks.

3. Owner of well: Quinton Johnson
R.R. or street: 233 Martha
City, state, zip code: Mulvane, Kansas

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 11 in. Completion date 8-1-15
Well depth 60 ft.

7. __ Cable tool ✓ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
(Lawn) __ Oil field water ✓ Other

9. Casing: Material PVC Height: (Above) or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ✓ Weight ___ lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 0214

5. Type and color of material	From	To
Top Sandy Soil	0	2
Clay	2	10
Fine Sand	10	28
Shale	28	60

(Use a second sheet if needed)

10. Screen: Manufacturer's name Jet Stream
Type PVC Dia. 5"
Slot/gauze .025 Length 35'
Set between 25 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/4-1/8"

11. Static water level: mo./day/yr.
17 ft. below land surface Date 8-7-15

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: Capped
___ Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: ✓ Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: None
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ✓ Yes ___ No

17. Pump: ✓ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T R E W Sec 1/4 1/4 1/4

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks: Flat Ground
To be used for yard only.

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.
Sharp Well Pump 336
Business name License No.
Address Wichita Ks 67209
Signed BM Arnold Date 8-8-15
Authorized representative

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

Form WWC-5

MI-1023