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

WATER WELL RECORD
KSA 82a-1201-1215

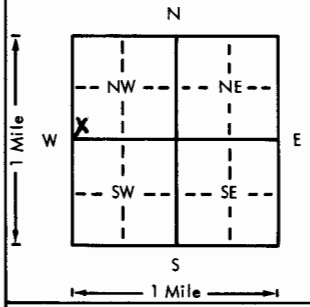
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: Harvey | Fraction: SW/4 NW/4 1/4 | Section number: 12 | Township number: T 24S | Range number: R 2W E/W

2. Distance and direction from nearest town or city: One mile South of Halstead, Ks and 3/10 South.
Street address of well location if in city:

3. Owner of well: John Latzlaff
R.R. or street: 904 Spruce
City, state, zip code: Halstead, KS

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



6. Bore hole dia. ___ in. Completion date 8-19-15
Well depth 90 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 90 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 214

5. Type and color of material	From	To
Dirt	0	2
Black Clay	2	15
Fine Sand	15	75
Medium Sand	75	90

(Use a second sheet if needed)

10. Screen: Manufacturer's name Jet Stream
Type PVC Dia. 5"
Slot/gauze .005 Length 10'
Set between 80 ft. and 90 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/4-1/8"

11. Static water level: mo./day/yr.
20 ft. below land surface Date 8-19-15

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 40 to 14 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

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.
Harp Well & Pump 236
Business name License No.
Address Wichita, Ks
Signed M. Arnold Date 8-20-15
Authorized representative

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

Form WWC-5