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	1/4 NW 1/4 SW 1/4	22	T 28 S	R 2W E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: K-42 Estates Lot 3, Block 3

3. Owner of well: Leo Munson
R.R. or street: 14726 Twin Lakes Drive
City, state, zip code: Wichita, Kansas 67230

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

N — NW — NE — W — X — E — SW — SE — S — 1 Mile

6. Bore hole dia. 14 in. Completion date _____
Well depth 47 ft. 8-22-77

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

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

9. Casing: Material styrene Height: Above or below
Threaded ___ Welded gl Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 47 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material

	From	To
Topsoil	0	3
Clay	3	25
Fine Sand	25	42
Shale (Gray)	42	47

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauge .06 Length 10'
Set between 37 ft. and 47 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material ¼-1/8"

11. Static water level: 18 ft. below land surface Date 8-22-77 (mo./day/yr.)

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: ___ Yes ___ No Date ___ (mo./day/yr.)

14. Well head completion: capped
___ Pitless adapter 12 Inches above grade

15. Well grouted? yes 1-2 fine sand mix
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 40" ft. to 14 ft.

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

17. Pump: X 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

18. Elevation:
Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks:
Septic System not installed when the well was drilled.
No apparent source for contamination.

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.
Business name Harp Well & Pump License No. 236
Address Wichita, Kansas 67209
Signed M. Arnold Date 9-15-77
Authorized representative

T 28 S R 2 W Sec 22 1/4 1/4 1/4 NWSW

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

Form WWC-5

MI-1023