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

WATER WELL RECORD
KSA 82a-1201-1215

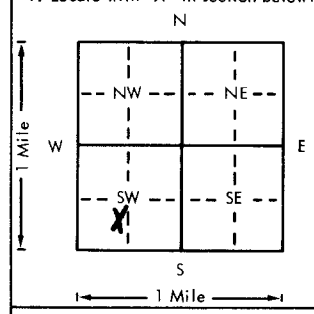
Kansas Department of Health and Environment-Division of Enviranment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	1/4 SW 1/4 S W 1/4	22	T 28 S	R 2W E/W

2. Distance and direction from nearest town or city: Block 12, Lot 11
Street address of well location if in city: K-42 Hyway and 55th So.

3. Owner of we: Don O'Krakel
R.R. or street: R. R. #1 Box 225
City, state, zip code: Clearwater, Kansas

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



6. Bore hole dia. 14 in. Completion date
Well depth 40 ft. 4-17-78

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 40 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
Fine Sand	3	10
Clay	10	12
Fine Sand	12	25
Grey Shale	25	40
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauge .06 Length 20'
Set between 20 ft. and 40 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material ¼-1/8"

11. Static water level: mo./day/yr.
20 ft. below land surfoce Date 4-17-78

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:
___ Pitless adapter 12 Inches above grode capped

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
ft. 50 Direction South X Type Septic Tank
Well disinfected upon completion? ___ Yes ___ No

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

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

19. Remarks: Flat Ground

20. Woter well contractor's certificotion:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. 236
Business name Harp Well & Pump Service, Inc. License No.
Address Wichita, Kansas
Signed M. Arnold Authorized representative Date 6-7-78

T 28 R 2W Sec 22 1/4 1/4 SWSW

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

Form WWC-5

MI-1023