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

WATER WELL RECORD
KSA 82a-1201-1215

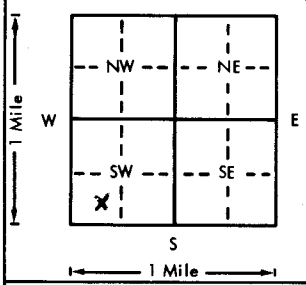
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Sedgwick	Fraction: 1/4 SW 1/4 SW 1/4	Section number: 26	Township number: T 28 S	Range number: R 2 E (W)

2. Distance and direction from nearest town or city: 15 1st W. & 63rd So.
Street address of well location if in city: South East of

3. Owner of well: H. B. Young
R.R. or street: R. #1, Box 29 AB
City, state, zip code: Clearwater, Kansas

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



5. Type and color of material	From	To
Sandy Soil	0	2
Clay	2	9
Medium Sand	9	18
Shale	18	103

(Use a second sheet if needed)

6. Bore hole dia. 7 in. Completion date 6-7-76
Well depth 103 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 STYRENE Weight: Above or below
Threaded ___ Welded GL Surface 12 in.
RMP ✓ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 103 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot (or) gauze .06 Length 88'
Set between 15 ft. and 103 ft.
___ ft. and ___ ft.
Gravel pack? YES Size range of material 1/4 - 1/8"

11. Static water level: mo./day/yr.
15 ft. below land surface Date 6-7-76

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: Septic
ft. 80 Direction South Type Tank
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

18. Elevation:

Topography:
___ Hill
✓ Slope
___ Upland
___ Valley

19. Remarks:

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 HARPWELL + PUMP License No. 236
Address WICHITA, KANSAS
Signed M. Arnold Date 8-13-76
Authorized representative

T 28 R 2 E (W) Sec 26 1/4 SWSW

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

Form WWC-5

MI-1023