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

WATER WELL RECORD
KSA 82a-1201-1215

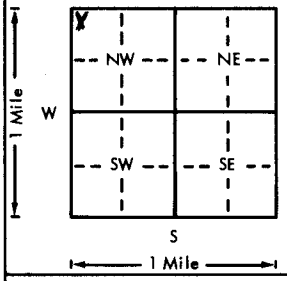
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: Sedgwick | Fraction: 1/4 NW 1/4 NW 1/4 | Section number: 19 | Township number: T 29S | Range number: R 1 E/W

2. Distance and direction from nearest town or city: 95th St. So and 119th St. West
Street address of well location if in city:

3. Owner of well: David Schmidt
R.R. or street: R.R. #1
City, state, zip code: Clearwater, Ks.

4. Locate with "X" in section below: Sketch map: 200 yards Southeast Clearwater, Kansas



6. Bore hole dia. ___ in. Completion date 6-19-76
Well depth 40 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 Height: (Above) or below
Threaded ✓ Welded ___ Surface 12 in.
RMP ✓ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 40 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1200

5. Type and color of material	From	To
Sandy topsoil	0	1
Sandy soil	1	6
Medium Sand	6	15
Shale	15	40

(Use a second sheet if needed)

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot/gauze .06 Length [redacted] 15'
Set between 25 ft. and 40 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 6-19-76

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 ft. to [redacted] 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

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

19. Remarks: No apparent source for contamination. Pump not installed at this time.

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 236 License No.
Address WICHITA, KANSAS
Signed M. Arnold Date 7-30-76
Authorized representative 7-30-76

T 29 S R 1 E Sec 19 NW 1/4 1/4 1/4

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

Form WWC-5

MI-1023