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

WATER WELL RECORD
KSA 82a-1201-1215

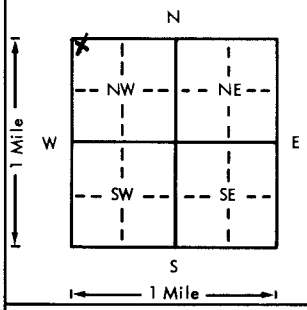
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

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

2. Distance and direction from nearest town or city: 103rd W. AND 103 ST. SO.
Street address of well location if in city: CLEARWATER, KS.

3. Owner of well: NEWTON STEWART
R.R. or street: R.R. #1 BOX 146
City, state, zip code: CLEARWATER, KANSAS

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



6. Bore hole dia. 11 in. Completion date
Well depth 62 ft. 7-29-76

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 62 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
DIRT	0	3
CLAY	3	16
FINE SAND	16	32
CLAY	32	45
MEDIUM SAND	45	62
(Use a second sheet if needed)		

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot gauze .06 Length 18'
Set between 52 ft. and 63 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 7-29-76

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: 12" CAPPED
___ Pitless adapter ___ Inches above grade

15. Well grouted? YES
With: ___ Neat cement ___ Bentonite ✓ Concrete
Depth: From 40" ft. to 14 ft.

16. Nearest source of possible contamination: SEPTIC TANK
ft. 300 Direction SW 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:
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.
HARP WELL & PUMP 236
Business name License No.
Address WICHITA, KANSAS
Signed M. Arnold Date
Authorized representative 10-2-76

T 29 R 1 (W) Sec 29 1/4 1/4 1/4 NW

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

Form WWC-5

MI-1023