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

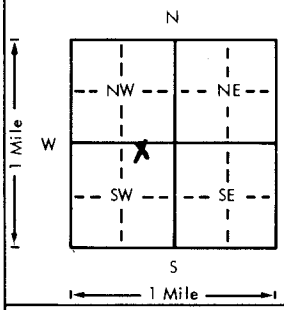
1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	NE SW SW NE 1/4 ~~NE~~ 1/4 ~~SW~~ 1/4	26	T 29 S	R 2W E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: 220 Michelle Clearwater, Ks.

3. Owner of well: Carmen Pate Sr.
R.R. or street: 220 Michelle
City, state, zip code: Clearwater, Kansas

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 11 in. Completion date 4-1-78
Well depth 45 ft.

7. ___ Cable tool X Rotary ___ Driven ___ Dug
___ Hollaw rod ___ Jetted ___ Bored ___ Reverse rotary

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

9. Casing: Material styrene gl Height: Above or ~~Below~~
Threaded ___ Welded ___ Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 45 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	15
Fine Sand	15	25
Medium Sand	25	38
Grey Shale	38	45
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauge .06 Length 15'
Set between 30 ft. and 45 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 surface Date 4-1-78

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 capped 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:
70 ft. Direction west Type City Sewer
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 ___ Reciprocoting
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks:
Flat Ground

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 Wichita, Kansas License No.
Address ___
Signed M. Arnold Date 4-29-78
Authorized representative

29 T 2 R W E 26 Sec ¼ ¼ ¼ NE SW SW NE

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

Form WWC-5

MI-1023