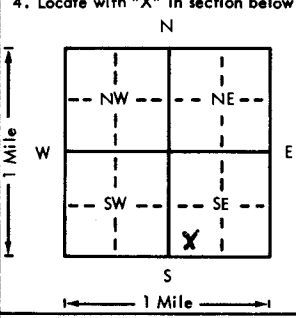


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

SE SE NE NW sec. 26

1. Location of well:	County: <u>Sedgewick</u>	Fraction: <u>SW 1/4 SE 1/4</u>	Section number: <u>26</u>	Township number: <u>T 29S</u>	Range number: <u>R 2E W</u>
2. Distance and direction from nearest town or city:	3. Owner of well: <u>Wally Altman</u>		City, state, zip code: <u>Clearwater, KS</u>		
Street address of well location if in city: <u>245 So. Tracy</u>		City, state, zip code: <u>Clearwater, KS</u>			
4. Locate with "X" in section below:		Sketch map:			
					
5. Type and color of material		From	To	6. Bore hole dia. <u>5</u> in. Completion date <u>8-14-15</u>	
<u>Dirt</u>		<u>0</u>	<u>3</u>	Well depth <u>55</u> ft.	
<u>Clay</u>		<u>3</u>	<u>20</u>	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
<u>Medium Sand</u>		<u>20</u>	<u>55</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
				8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
				<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
				<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other	
				9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below	
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in.	
				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>15</u> lbs./ft.	
				Dia. <u>5</u> in. to <u>55</u> ft. depth Wall Thickness: inches <u>1/4</u>	
				Dia. <u>5</u> in. to <u>55</u> ft. depth gage No. <u>214</u>	
				10. Screen: Manufacturer's name <u>Jet Stream</u>	
				Type <u>PVC</u> Dia. <u>5"</u>	
				Slot/gauze <u>.005</u> Length <u>15'</u>	
				Set between <u>40</u> ft. and <u>55</u> ft.	
				Gravel pack? <u>yes</u> size range of material <u>1/4" - 1/8"</u>	
				11. Static water level: <u>20</u> ft. below land surface Date <u>8-14-15</u>	
				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 <input type="checkbox"/> No <input type="checkbox"/> Date ____	
				14. Well head completion: <u>Capped</u>	
				____ Pitless adapter <u>12</u> inches above grade	
				15. Well grouted? <u>yes</u>	
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				Depth: From <u>40'</u> to <u>14'</u> ft.	
				16. Nearest source of possible contamination: <u>NONE</u>	
				ft. ____ Direction ____ Type ____	
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed	
				Manufacturer's name ____	
				Model number ____ HP ____ Volts ____	
				Length of drop pipe ____ ft. capacity ____ g.p.m.	
				Type:	
				<input type="checkbox"/> Submersible <input type="checkbox"/> Turbine	
				<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
				<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>This well is to be used for watering yard only. No apparent source for contamination.</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
				Business name: <u>Sharp Well Pump</u> License No. <u>236</u>	
				Address: <u>Nichita, KS</u>	
				Signed: <u>M. Arnold</u> Date <u>8-15-15</u>	
				Authorized representative	

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

Form WWC-5