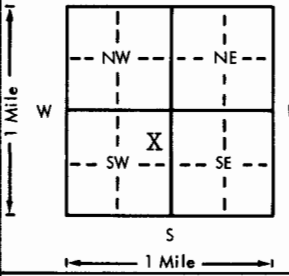


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Stafford</b>	Fraction <b>E/2 NE 1/4 SW 1/4</b>	Section number <b>31</b>	Township number <b>T 21 S</b>	Range number <b>R 13 E W</b>
2. Distance and direction from nearest town or city: <b>In North Seward, x KS</b> Street address of well location if in city: <b>Street Address Unknown</b>			3. Owner of well: <b>Carl Feist</b> R.R. or street: <b>(?)</b> City, state, zip code: <b>Seward, KS 67577</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>5</u> in. Completion date <u>4-29-76</u> Well depth <u>65</u> ft.
Sandy top soil			0	6	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
Gray & brown clay & limestone			6	34	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 type="checkbox"/> Other
Sand & gravel			34	37	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>.5</u> lbs./ft. Dia. <u>2</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>.091</u>
Blue clay & limestone			37	53	10. Screen: Manufacturer's name <u>Peerless</u> <u>Plastics</u> Type <u>PVC</u> Dia. <u>2"</u> <u>Slot/gauze 1/8</u> Length <u>10'</u> Set between <u>55</u> ft. and <u>65</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>
Sand & gravel			53	65	11. Static water level: <u>6 1/2</u> ft. below land surface Date <u>4-29-76</u> mo./day/yr.
					12. Pumping level below land surfaces: <u>N/C</u> <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>   </u> g.p.m.
					13. Water sample submitted: <u>   </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u>
					14. Well head completion: <input type="checkbox"/> 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>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. <u>NONE KNOWN</u> Direction <u>   </u> Type <u>   </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>   </u> Model number <u>   </u> HP <u>   </u> Volts <u>   </u> Length of drop pipe <u>   </u> ft. capacity <u>   </u> 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
(Use a second sheet if needed)					
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <b>Clarke Well &amp; Eq., Inc.</b> <u>185</u> Business name License No. Address <u>Great Bend, KS</u> Signed <u>[Signature]</u> Date <u>5-6-76</u> Authorized representative		

21 130 31 E/2 NE SW 1/4 9/4

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

Form WWC-5