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
	Stafford	Center of 1/4 1/4 NE 1/4	23	T 21 S	R 14 E (W)

2. Distance and direction from nearest town or city:
3½ miles Northwest of Seward, KS
Street address of well location if in city:

3. Owner of well: Marvin E. Johnston, Jr.
R.R. or street: P.O. Box 757
City, state, zip code: Great Bend, KS 67530

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

N
NW NE
W E
SW SE
S
1 Mile
1 Mile

6. Bore hole dia. 5 in. Completion date 11-10-78
Well depth 55 ft.

7. __ Cable tool XX Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

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

9. Casing: Material: PVC & Steel Height: Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC ___ Weight P=.5 lbs./ft.
Steel Dia. 2 in. to 42 ft. depth Wall Thickness: inches or
PVC Dia. 2 in. to 50 ft. depth gage No. P=.091 Std. Stee

5. Type and color of material	From	To
Top soil	0	3
Sandy clay & sand	3	38
Sand & gravel	38	55

(Use a second sheet if needed)

10. Screen: Manufacturer's name Peerless Plastic
Type PVC Dia. 2"
Slot gauze 1/8 Length 5'
Set between 50 ft. and 55 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
14 ft. below land surface Date 11-10-78

12. Pumping level below land surfaces: N/C
___ 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 X No Date ___

14. Well head completion:
___ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: FIELD
ft. ___ Direction ___ Type ___
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Clayton Mark
Model number 450 HP 1/3 Volts 110
Length of drop pipe 42 ft. capacity --- g.p.m.
Type: 2" Brass Cylinder & Balder Motor
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
___ 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.
Clarke Well & Eq., Inc. 185
Business name License No.
Address Great Bend, KS 67530
Signed [signature] Date 11-16-78
Authorized representative

T 21 R 14 E Sec 23 1/4 1/4 1/4 C NE

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

Form WWC-5

MI-1023