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

WATER WELL RECORD
KSA 82a-1201-1215

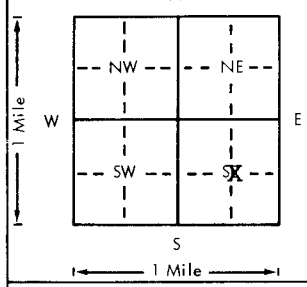
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	Center of SE 1/4 1/4 1/4	34	T 21 S	R 14 E/W

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

3. Owner of well: Marvin 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:

6. Bore hole dia. 5 in. Completion date 10-21-77
Well depth 55 ft.

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

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

9. Casing: Material PVC Height: Above or below
Threaded __ Welded X Surface 12 in.
RMP __ PVC __ Weight .63 lbs./ft.
Dia. 2½ in. to 45 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. .110

5. Type and color of material	From	To
Top soil	0	3
Gray clay	3	16
Sand & fine gravel & clay streaks	16	42
Sand & gravel	42	55
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Peerless Plastics
Type PVC Dia. 2½"
Slot gauze 1/8" Length 10'
Set between 45 ft. and 55 ft.
__ ft. and __ ft.
Gravel pack? Yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
20'6" ft. below land surface Date 10-21-77

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: XX 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: X 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:

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 9-12-78
Authorized representative

T 21 R 14 E/W Sec 34 1/4 1/4 1/4 CSE

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

Form WWC-5

MI-1023