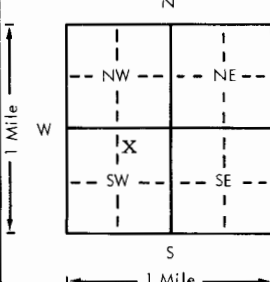


T. P. 2 2 2 2

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>NW 1/4 NE 1/4 SW 1/4</b>	Section number <b>1</b>	Township number <b>T 22 S R 11</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: <b>13 miles NE of Hudson, KS</b> Street address of well location if in city:			3. Owner of well: <b>U. S. Fish &amp; Wildlife Service</b> R.R. or street: <b>P.O. Box 25486</b> City, state, zip code: <b>Denver, CO 80225</b>		
4. Locate with "X" in section below: N  W S Approx. 2200' North and 1400' East of SW Corner of Sec. 1			6. Bore hole dia. <u>20</u> in. Completion date <u>3-27-79</u> Well depth <u>51</u> ft. From Pitless Adpt.		
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
			8. Use: <input 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>Plastic</u> Weight: <u>Above</u> or below Solvent <u>Cement</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>5.572</u> lbs./ft. Dia. <u>8</u> in. to <u>26</u> ft. depth Wall Thickness: inches or Dia. <u>8</u> in. to <u>48</u> ft. depth Gage No. <u>.332</u>		
			10. Screen: Manufacturer's name <u>Jet Stream</u> <u>Plastics</u> Type <u>SDR 26 - PVC</u> Dia. <u>8"</u> <u>Slot gauze 1/16 x 2 1/2"</u> Length <u>17'</u> Set between <u>26</u> ft. and <u>43</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>		
			11. Static water level: <u>mo./day/yr.</u> <u>12' 3"</u> ft. below land surface Date <u>3-27-79</u>		
			12. Pumping level below land surfaces: <u>30</u> ft. after <u>72</u> hrs. pumping <u>330</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>500</u> g.p.m.		
			13. Water sample submitted <u>Gordon Lab.</u> <u>mo./day/yr.</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>3/27 &amp; 3/31-79</u>		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>24</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>15</u> ft.		
			16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>East</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: Set <u>4-13</u> <input type="checkbox"/> Not installed Manufacturer's name <u>Berkeley Pump Co.</u> Model number <u>4CM-15</u> HP <u>5</u> Volts <u>230</u> Length of drop pipe <u>34</u> ft. capacity <u>60</u> g.p.m. Type: <input checked="" 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:		19. Remarks: <u>*Potable Water System</u>		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. 185</b> Business name <u>Route 1 - Airport, Great Bend</u> License No. <u>1/4</u> Address <u>1/4</u> Signed <u>D. W. Clarke</u> Date <u>5-1-79</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 22 S R 11 EW  
Sec 1

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

Form WWC-5