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	SW 1/4 SW 1/4 SW 1/4	21	T 22 S	R 13 E/W

2. Distance and direction from nearest town or city: 1½ miles east & 4 miles south of Seward, KS
Street address of well location if in city:

3. Owner of well: Milton Rusco
R.R. or street: 207 West Fourth
City, state, zip code: St. John, KS 67576

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

N
NW NE
W E
SW SE
X
S
1 Mile ← → 1 Mile

6. Bore hole dia. 5 in. Completion date 3/14/78
Well depth 55 ft.

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

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

9. Casing: Material PVC
Threaded ___ Welded ___
RMP ___ PVC X
Dia. 2½ in. to 40 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 12 in.
Weight .63 lbs./ft.
Wall Thickness: inches or gage No. .110

5. Type and color of material	From	To
top soil	0	5
sandy clay and sand streaks	5	40
sand and gravel	40	55

10. Screen: Manufacturer's name Peerless Plastics
Type PVC Dia. 2½"
Slot/gauze 1/8 Length 15'
Set between 40 ft. and 55 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
16'6" ft. below land surface Date 3/14/78

12. Pumping level below land surfaces: NC
___ 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:
ft. ___ Direction ___ Type Field
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

(Use a second sheet if needed)

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 & Equip. Inc. 185
Business name License No.
Address Great Bend, KS 67530
Signed [signature] Date 3-15-78
Authorized representative

T 22 R 13 E/W Sec 21 1/4 SW 1/4 SW 1/4

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

Form WWC-5

MI-1023