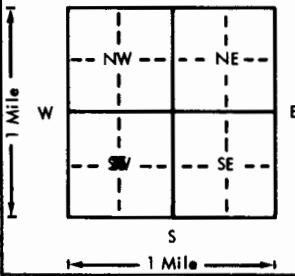


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Stafford	Fraction 1/4 1/4 CSW 1/4	Section number 30	Township number T 22 S R	Range number 13 EW
2. Distance and direction from nearest town or city: 5 1/2 miles SW of Seward, KS Street address of well location if in city:			3. Owner of well: Charles Davis R.R. or street: Route 3 City, state, zip code: St. John, KS 67576		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 24 in. Completion date 8-27-76 Well depth 100 ft.	
5. Type and color of material		From	To	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	
top soil		0	3	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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	
brown clay		3	9	9. Casing: Material Steel Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 30.3 lbs./ft. Dia. 16 in. to 60 ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. 7 ga.	
gray & brown clay		9	35	10. Screen: Manufacturer's name Doerr Type Double slot Dia. 16" Slot gauze 1/8" Length 40' Set between 60 ft. and 100 ft. ft. and <input type="checkbox"/> ft. Gravel pack? yes Size range of material: 3/8-200	
sand & gravel & clay streak at 53' & 57'		35	97	11. Static water level: <input type="checkbox"/> mo./day/yr. 10' 6" ft. below land surface Date 8-11-76	
green clay		97	100	12. Pumping level below land surfaces: N/C <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
				15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
				16. Nearest source of possible contamination: NONE KNOWN ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name FMC Corp./Peerless Model number 12MB-5 HP 60 Volts 460 Length of drop pipe 60 ft. capacity 900 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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: Pump Owner is: Jack Williamson Route 3 St. John, KS 67576			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 <i>D.W. Clarke</i> Date 9-8-76 Authorized representative	

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 CSW

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

Form WWC-5