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

WATER WELL RECORD
KSA 82a-1201-1215

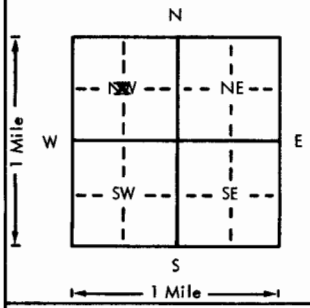
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	1/4 1/4 CNW1/4	15	T 22 S	R 14 E (W)

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

3. Owner of well: H. Lee Turner
R.R. or street: XKXK Route 1
City, state, zip code: Great Bend, KS 67530

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



6. Bore hole dia. 24 in. Completion date 4-21-76
Well depth 94 ft.

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

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

9. Casing: Material Steel Height: (Above) or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC ___ Weight 30.3 lbs./ft.
Dia. 16 in. to 54 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 7 ga.

5. Type and color of material	From	To
Sandy top soil	0	4
Sandy clay & sand	4	29
Sand & gravel	29	40
Brown & gray clay	40	47
Sand & gravel	47	94

(Use a second sheet if needed)

10. Screen: Manufacturer's name Doerr
Type Double-slot Dia. 16"
(Slot) gauze 1/8 Length 40'
Set between 54 ft. and 94 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 3/8-200"

11. Static water level: mo./day/yr.
14½ ft. below land surface Date 4-9-76

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: NONE KNOWN
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: __ Not installed
Manufacturer's name FMC Corp./Peerless
Model number 12MB-4 HP 60 Volts ___
Length of drop pipe 60 ft. capacity 900 g.p.m.
Type:
__ Submersible X 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
Signed [signature] Date 5-13-76
Authorized representative

22 T 14 R E/W 15 Sec 1/4 1/4 1/4 CNW

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

Form WWC-5

MI-1023