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

WATER WELL RECORD
KSA 82a-1201-1215

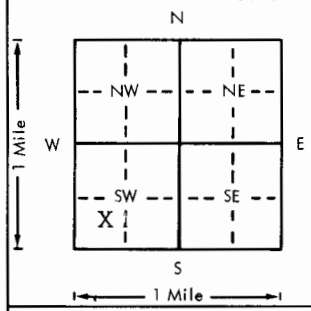
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	1/4 SW 1/4 SW 1/4	18	T 22 S	R 14 E (W)

2. Distance and direction from nearest town or city: 3 mi S & 6¼ West of Seward, KS
Street address of well location if in city:

3. Owner of well: John Keenan
R.R. or street: Route 1
City, state, zip code: Seward, KS 67577

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 9 in. Completion date 11-21-78
Well depth 50 ft.

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

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

9. Casing: Material Styrene Weight Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC ___ Weight 1.5 lbs./ft.
Dia. 5 in. to 40 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .200

5. Type and color of material	From	To
Top soil	0	3
Gray clay	3	16
Sandy clay	16	27
Sand & gravel	27	37
Brown clay	37	40
Sand & gravel	40	50
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jess & Lowell
Type Styrene 200 Dia. 5"
Slot/gauze 1/8" Length 10'
Set between 40 ft. and 50 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
26'6" ft. below land surface Date 11-21-78

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: 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 11-24-78
Authorized representative

22 T 14 R (E) W 18 Sec 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