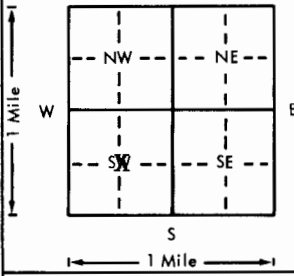


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 1/4	Center of 1/4 SW 1/4	Section number <b>4</b>	Township number T <b>23</b>	Range number S <b>R 14</b>	<b>EW</b>
2. Distance and direction from nearest town or city: <b>10 miles Northwest of St. John, KS</b> Street address of well location if in city:				3. Owner of well: <b>Kenneth J. Link</b> R.R. or street: <b>P.O. Box 355</b> City, state, zip code: <b>Great Bend, KS 67530</b>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: 			
5. Type and color of material				From	To	6. Bore hole dia. <b>24</b> in. Completion date <b>6-14-77</b> Well depth <b>92</b> ft.	
Top soil				0	2	7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary	
Sandy clay				2	17	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	
Sand & soft sandstone				17	30	9. Casing: Material <b>steel</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>XXXX</b> lbs./ft. <b>30.3</b> Dia. <b>16</b> in. to <b>47</b> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <b>7 ga.</b>	
Gray & yellow clay				30	43	10. Screen: Manufacturer's name <b>D-Doerr</b> <b>C-Cook</b> Type <b>Double-slot</b> Dia. <b>16"</b> <b>Slot</b> gauze <b>1/8</b> Length <b>D-25 C-20'</b> Set between <b>C- 47</b> ft. and <b>67</b> ft. <b>D 67</b> ft. and <b>92</b> ft. Gravel pack? <input checked="" type="checkbox"/> <b>yes</b> Size range of material <b>3/8-200</b>	
Sand & gravel				43	65	11. Static water level: <b>13</b> ft. below land surface Date <b>3-21-77</b> mo./day/yr.	
Sand stone				65	90	12. Pumping level below land surfaces: <b>N/checked</b> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
Dakota clay				90	92	13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____	
						14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade	
						15. Well grouted? <input checked="" type="checkbox"/> <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
						16. Nearest source of possible contamination: <b>Field</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes <input checked="" type="checkbox"/> No	
						17. Pump: ____ Not installed Manufacturer's name <b>Peerless Pump Co.</b> Model number <b>12LB-3</b> HP <b>80</b> Volts ____ Length of drop pipe <b>80</b> ft. capacity <b>900</b> 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:	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. <b>Clarke Well &amp; Eq., Inc. 185</b> Business name Address <b>Great Bend, KS 67530</b> License No. ____ Signed <b>[Signature]</b> Date <b>6-16-77</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5