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 SE 1/4	27	T 24 S	R 11 E (W)

2. Distance and direction from nearest town or city:
6½ miles Southeast of Stafford, KS
Street address of well location if in city:

3. Owner of well: Steve Paulsen
R.R. or street: Route 2
City, state, zip code: STafford, KS 67578

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. 11 in. Completion date 12-29-77
Well depth 60 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

styrene

9. Casing: Material XX Height: (Above) or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC ___ Weight 1.5 lbs./ft.
Dia. 5 in. to 50 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	2
Brown clay	2	24
Sand & gravel	24	31
Brown clay	31	47
Sand & gravel	47	60

(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 50 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
25 ft. below land surface Date 12-29-77

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 D. W. Clarke Date 1-5-78
Authorized representative

T 24 R 11 E (W) Sec 27 1/4 SW 1/4 SW 1/4 SE 1/4

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

Form WWC-5

MI-1023