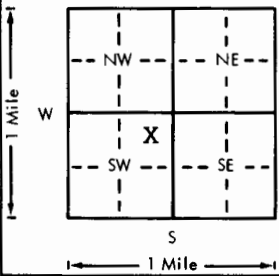


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NE 1/4 SW 1/4	Section number 20	Township number T 22 S R 13 E	Range number 13
2. Distance and direction from nearest town or city: 8 miles North of St. John, KS Street address of well location if in city:			3. Owner of well: G & M Feedlot, Inc. R.R. or street: Route 3 City, state, zip code: St. John, KS 67576			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 			
5. Type and color of material			From	To	6. Bore hole dia. 9 in. Completion date 6-13-78 Well depth 80 ft. Pump Set 6-17-78	
Top soil			0	3	7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
Brown clay & limestone			3	50	8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☒ Stock ☐ Lawn ☐ Oil field water ☐ Other	
Sand & gravel & clay streaks			50	58	9. Casing: Material Styrene Height: Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☐ PVC ☐ Weight 1.5 lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth gage No. 200	
Sand & gravel			58	80	10. Screen: Manufacturer's name Jess & Styrene 200 Type Styrene 200 Dia. 5" Slot gauze 1/8" Length 20' Set between 60 ft. and 80 ft. Gravel pack? Yes Size range of material 3/8-200	
					11. Static water level: ☐ mo./day/yr. 20 ft. below land surface Date 6-13-78	
					12. Pumping level below land surfaces: Not Checked ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
					13. Water sample submitted: ☐ Yes ☒ No Date ____	
					14. Well head completion: ☐ Pitless adapter 12 Inches above grade	
					15. Well grouted? Yes With: ☒ 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? ☒ Yes ☐ No	
					17. Pump: ☐ Not installed Manufacturer's name Berkeley Pump Co. Model number 4CM-15 HP 5 Volts 460 Length of drop pipe 44 ft. capacity 60 g.p.m. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ 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. Clarke Well & Eq., Inc. 185 Business name License No. ____ Address Great Bend, KS 67530 Signed D. W. Clarke Date 6-29-78 Authorized representative		
Topography: ☐ Hill ☐ Slope ☐ Upland ☐ Valley						

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

Form WWC-5