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

WATER WELL RECORD
KSA 82a-1201-1215

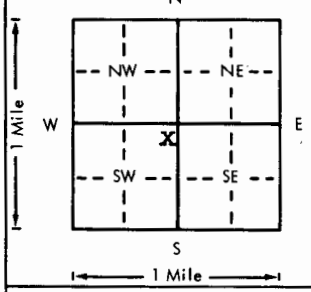
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	ne 1/4 ne 1/4 sw 1/4	20	T 22 S	R 13 E W

2. Distance and direction from nearest town or city:
4-S ½-W of Seward, Ks.
Street address of well location if in city:

3. Owner of well: G & M Inc.
R.R. or street: Rt. 3
City, state, zip code: St. John, Kansas 67576

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11 in. Completion date _____
Well depth 70 ft. 4-6-76

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

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

9. Casing: Material pvc Height: Above or ~~Below~~
Threaded ____ Welded ____ Surface 18 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 6 in. to 70 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 280

5. Type and color of material	From	To
sandy top soil	0	2
fine sand	2	14
redish sand clay	14	34
white & brown clay	34	49
sand & gravel	49	70
(Use a second sheet if needed)		

10. Screen: Manufacturer's name
CertainTeed
Type pvc Dia. _____
Slot ~~Size~~ 1/16 Length 15
Set between 55 ft. and 70 ft.
_____ ft. and _____ ft.
Gravel pack? X Size range of material ~~1/2~~ 3/4 3/8

11. Static water level: mo./day/yr.
30 ft. below land surface Date 3-29-76

12. Pumping level below land surfaces: na
____ 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.
X Yes ___ No Date 3-29-76

14. Well head completion:
___ Pitless adapter _____ Inches above grade

15. Well grouted ~~X~~ _____
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 40 Direction east Type stockpen
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
X 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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Kansas 67530
Signed S. Kilgore Date 4-6-1976
Authorized representative

T 22 S R 13 E W Sec 20 NE 1/4 NE 1/4 SW 1/4

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

Form WWC-5

MI-1023