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

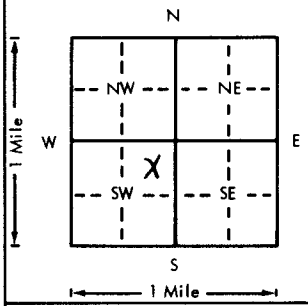
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	C 1/4 NE 1/4 SW 1/4	33	T 23 S	R 13 E (W)

2. Distance and direction from nearest town or city:

Street address of well location if in city: 218 S. Broadway

3. Owner of well: Jack Hearn
R.R. or street: 218 S. Broadway
City, state, zip code: St John, KS

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top Soil - Clay	0	20
Sand	20	30
Sand - Gravel	30	55

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 5-27-76
Well depth 55 ft.

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

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

9. Casing: Material _____ Height: Above or below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 5 in. to 55 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. Sch 40

10. Screen: Manufacturer's name MPI
Type PVC Dia. 5"
Slot/gauze 1/8" Length 20'
Set between 35 ft. and 55 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/8"-3/4"

11. Static water level: mo./day/yr.
17 ft. below land surface Date 5-27-76

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 50 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? ____
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 12 ft.

16. Nearest source of possible contamination: Sewer
ft. 75 Direction N 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
X 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.
Business name Kelly's Water Well Ser. License No. 186
Address R2 Great Bend, KS
Signed Kelly Price Date 6-4-78
Authorized representative

T 23 R 13 E (W) Sec 33 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

M1-1023