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: C S ½ 1/4 1/4 NW 1/4	Section number: 33	Township number: T 23 S	Range number: R 13 E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: N. Edge St John KS

3. Owner of well: Church of Christ
R.R. or street:
City, state, zip code: St. John, KS

4. Locate with "X" in section below: Sketch map:

N — NW — NE — W — E — SW — SE — S — 1 Mile — 1 Mile

6. Bore hole dia. 8 in. Completion date 5-19-77
Well depth 60 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 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. Sch 40

5. Type and color of material	From	To
Top Soil - Clay	0	20
Sand	20	35
Sand - Gravel	35	60

(Use a second sheet if needed)

10. Screen: Manufacturer's name MPI
Type PVC Dia. 5"
Slot/gauze 1/16 Length 20
Set between 40 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/8-3/4"

11. Static water level: mo./day/yr.
18 ft. below land surface Date 5-19-77

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 100 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? X
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 60 Direction S Type Sewer
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. 186
Business name Kellys Water Well Ser License No.
Address R2 Great Bend, KS
Signed Kelly Price Date 7-5-77
Authorized representative

T 23 S R 13 E/W Sec 33 1/4 1/4 1/4 C S ½ NW

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

Form WWC-5

MI-1023