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

WATER WELL RECORD
KSA 82a-1201-1215

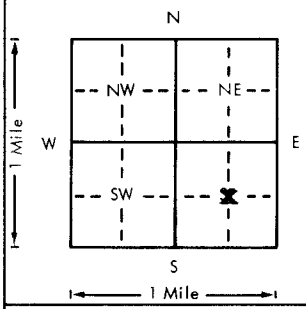
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	1/4 C 1/4 se 1/4	20	T 23 S	R 14 E W

2. Distance and direction from nearest town or city: 5½-W 2½-N of St. John, Ks.
Street address of well location if in city:

3. Owner of well: Gary Snyder
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. 29 in. Completion date
Well depth 69 ft. 11-18-76

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

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

9. Casing: Material steel Height: Above or ~~below~~
Threaded ___ Welded ___ Surface 18 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia 16 in. to 69 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 7

5. Type and color of material	From	To
sandy top soil	0	2
fin e sand w/red clay mixed	2	26
white clay	26	32
sand & gravel w/clay mixed	32	43
sand & gravel claean coarse	43	68
brown clay	68	70
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Doerrs
Type steel Dia.
Slot/gage 3/16 Length 20
Set between 49 ft. and 69 ft.
ft. and ft.
Gravel pack? X Size range of material 3/4 3/8

11. Static water level: mo./day/yr.
15 ft. below land surface Date 4-8-76

12. Pumping level below land surfaces:
32 ft. after 1 hrs. pumping 600 g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield 1200 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 4-8-76

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. 1100 Direction SW Type corrall
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Nat installed
Manufacturer's name Jacuzzi
Model number 4-12IS HP 60 Volts 460
Length of drop pipe 50 ft. capacity 1000 g.p.m.
Type:
___ Submersible X 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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Ks. 67530
Signed S. Kilgore Date 6-20-77
Authorized representative

T 23 S R 14 W Sec 20 1/4 1/4 1/4 1/4

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

Form WWC-5

M1-1023