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

WATER WELL RECORD
KSA 82a-1201-1215

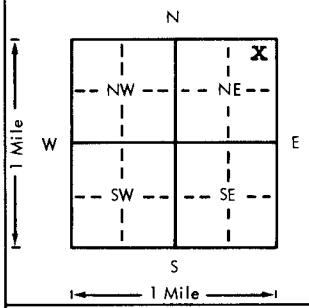
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	NE 1/4 NE 1/4 NE 1/4	8	T 24 S	R 12 E/W

2. Distance and direction from nearest town or city: 5-E of St. John, Ks.
Street address of well location if in city:

3. Owner of well: B & N Drilling Co.
R.R. or street: Box 846
City, state, zip code: Independence, Kansas 67301

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11 in. Completion date _____
Well depth 100 ft. 7-13-78

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

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

9. Casing: Material pvc Height: Above or ~~below~~
Threaded ____ Welded ____ Surface 18 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 4½ in. to 100 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .237

X. Screen: Manufacturer's name CertainTeed
Type pvc Dia. 4½
Slot/~~gauze~~ xxx 1/16 Length 20
Set between 80 ft. and 100 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material ~~½~~ 3/4 3/8

5. Type and color of material	From	To
Top Soil	0	3
Clay	3	29
Sand & Gravel	29	46
Clay	46	82
Good Clean Sand & Gravel	82	99
Clay	99	100
(Use a second sheet if needed)		

11. Static water level: mo./day/yr.
23 ft. below land surface Date 7-13-78

12. Pumping level below land surfaces:
23 ft. after 1 hrs. pumping 60 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 200 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

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. 250 Direction SW Type oilwell
Well disinfected upon completion? HTH 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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Kansas 67530
Signed Sandy Kilgore Date 7-19-78
Authorized representative

S 4 T 12 R 8 E/W Sec NE NE NE 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