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

WATER WELL RECORD
KSA 82a-1201-1215

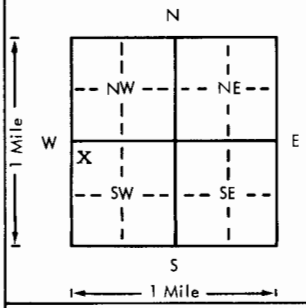
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	NW 1/4 NW 1/4 SW 1/4	33	T 24 S	R 13 E (W)

2. Distance and direction from nearest town or city:
5 miles South of St. John, KS
Street address of well location if in city:

3. Owner of well:
R.R. or street:
City, state, zip code:
Elmer Russell
Route 1
St. John, KS 67576

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



500' East and 2000' North of SW Corner of Section 33

6. Bore hole dia. 8 in. Completion date 4-16-79
Well depth 72 ft.

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

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

9. Casing: Material Styrene Height: Above or below
Threaded __ Welded XX Surface 12 in.
RMP __ PVC __ Weight 1.5 lbs./ft.
Dia. 5 in. to 62 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. .200

5. Type and color of material	From	To
Sandy fill	0	3
Brown & Gray Clay	3	51
Sandy Clay	51	57
Fine sand w/clay streaks	57	60
Sand & Gravel	60	72
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jess & Lowell
Type Styrene 200 Dia. 5"
Slot/gauze 1/8" hole Length 10'
Set between 62 ft. and 72 ft.
__ ft. and __ ft.
Gravel pack? Yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
19'3" ft. below land surface Date 4-16-79

12. Pumping level below land surface: Not Checked
__ 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.
__ Yes XX No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: FIELD
ft. __ Direction __ Type __
Well disinfected upon completion? XX Yes __ No

17. Pump: XX 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
__ 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.
Clarke Well & Eq., Inc. 185
Business name License No.
Address Great Bend, KS 67530
Signed Date 4-19-79
Authorized representative

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

Form WWC-5

MI-1023

24 T 13 R (W) 33 Sec NW 1/4 NW 1/4 SW 1/4