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

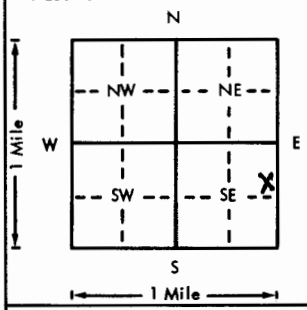
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	SE 1/4 NE 1/4 SE 1/4	34	T 24 S	R 13 ~~E~~ W

2. Distance and direction from nearest town or city: 5 S. 1 E. 4 N.
Street address of well location if in city: St. John, KS

3. Owner of well: Merlin Fisher
R.R. or street:
City, state, zip code: R1. St. John, KS

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 30 in. Completion date 1-12-76
Well depth 110 ft.

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

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

9. Casing: Material IRON Height: (Above) or below
Threaded ___ Welded X Surface 24 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 16 in. to 70 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 3/16

5. Type and color of material	From	To
Top Soil - Clay	0	38
Sand - Gravel	38	58
Clay	58	70
Sand - Gravel	70	82
Clay	82	85
Sand - Gravel	85	110
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Dorr
Type IRON Dia. 30"
Slot/gauze 1/8" Length 40
Set between 70 ft. and 110 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/4 - 3/4"

11. Static water level: mo./day/yr.
18 ft. below land surface Date 1-12-76

12. Pumping level below land surfaces:
85 ft. after 4 hrs. pumping 950 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 950 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 11-29-75

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

15. Well grouted? X
With: X Neat cement ___ Bentonite ___ Cancrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: None
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: X Nat 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 Serv License No. 186
Address R 2 Great Bend, KS
Signed Kelly Price Date 1-16-76
Authorized representative

T 24 R 13 E Sec 34 1/4 SE 1/4 NE 1/4 SE 1/4

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

Form WWC-5

MI-1023