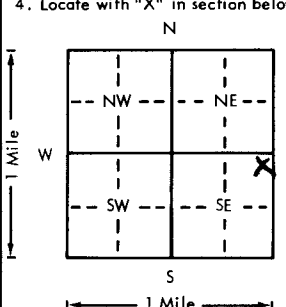


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 NE 1/4 NE 1/4 SE 1/4	Section number 33	Township number T 24 S R 14 W	Range number 14 W		
2. Distance and direction from nearest town or city: Street address of well location if in city:		6 S 6 W ST JOHN, KS.		3. Owner of well: R.R. or street: City, state, zip code: Ernest Waters R1 ST JOHN, KS.				
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>8</u> in. Completion date Well depth <u>45</u> ft. <u>5-18-77</u>				
5. Type and color of material				7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary				
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other				
From To				9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>Sch 40</u>				
				10. Screen: Manufacturer's name <u>MPT</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>15'</u> Set between <u>30</u> ft. and <u>45</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8"-3/4"</u>				
Top Soil - Clay				0	25	11. Static water level: _____ mo./day/yr. <u>16</u> ft. below land surface Date <u>5-18-77</u>		
Sand				25	30	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.		
Sand - Gravel				30	45	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
(Use a second sheet if needed)				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade				
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.				
18. Elevation:				16. Nearest source of possible contamination: <u>live</u> ft. <u>110</u> Direction <u>S</u> Type <u>Stock</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____				
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				
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. <u>186</u> <u>Kelly's Water Well Ser</u> Business name _____ License No. _____ Address <u>R2 Great Bend, KS</u> Signed <u>Kelly Snee</u> Date <u>8-20-77</u> Authorized representative						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley								

T 24 S R 14 W Sec 33 NE 1/4 SE 1/4

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

Form WWC-5