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

WATER WELL RECORD
KSA 82a-1201-1215

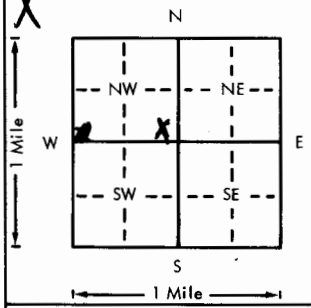
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County	Fraction	Section number	Township number	Range number
Stafford	SE 1/4 SE 1/4 NW 1/4	4	T 25 S	R 13 E/W

2. Distance and direction from nearest town or city: 3/4-S 3/4-W of St. John, Ks.
Street address of well location if in city:

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

Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11 in. Completion date
Well depth 80 ft. 6-12-78

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. 4 1/2 in. to 80 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .237

5. Type and color of material	From	To
Top Soil	0	4
Brown clay	4	18
Fine Sand	18	21
Brown & Gray Clay	21	45
Sand & Gravel	45	80

(Use a second sheet if needed)

X. Screen: Manufacturer's name CertainTeed
Type pvc Dia. 4 1/2
Slot ~~xxx~~ 1/16 Length 20
Set between 60 ft. and 80 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 3/4 3/8

11. Static water level: mo./day/yr.
17 ft. below land surface Date 6-12-78

12. Pumping level below land surfaces: na
___ 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 ✓ 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. 80 Direction North Type oilwell
Well disinfected upon completion? ___ 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 6-15-78
Authorized representative

25 T 13 R E/W 4 Sec SE SE NW 1/4 1/4 1/4

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

Form WWC-5