

County X Stafford		Fraction 1/4 1/4 CSW 1/4		Section number 35	Township number T 25 S R 13	EAV
2. Distance and direction from nearest town or city: 12½ mi. Southeast of St. John, KS Street address of well location if in city:				3. Owner of well: Reggie Harrison R.R. or street: (?) City, state, zip code: St. John, KS 67576		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile				Sketch map:		
				6. Bore hole dia. 24 in. Completion date 5-10-76 Well depth 85 ft.		
				7. Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored X Reverse rotary		
5. Type and color of material				8. Use: ___ Domestic ___ Public supply ___ Industry X Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other		
				9. Casing: Material Steel Height: Above or below Threaded ___ Welded X Surface 12 in. RMP ___ PVC ___ Weight 30.3 lbs./ft. Dia. 16 in. to 45 ft. depth Wall Thickness: inches or Dia. ___ in. to ___ ft. depth gage No. 7 ga.		
				10. Screen: Manufacturer's name Doerr Type Double-slot Dia. 16" Slot gauge 1/8 Length 40' Set between 45 ft. and 85 ft. Gravel pack? Yes Size range of material 3/8-200		
				11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 4-27-76		
				12. Pumping level below land surfaces: N/C _____ 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 X 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: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes X No		
				17. Pump: _____ Not installed Manufacturer's name Berkeley Pump Co. Model number 1202M-4 HP 80 Volts _____ Length of drop pipe 60 ft. capacity 900 g.p.m. Type: ____ Submersible _____ X Turbine ____ Jet _____ Reciprocating ____ Centrifugal _____ Other		
(Use a second sheet if needed)						
18. Elevation:		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 Signed _____ Date 5-20- Authorized representative		
Topography: ____ Hill ____ Slope ____ Upland ____ Valley						