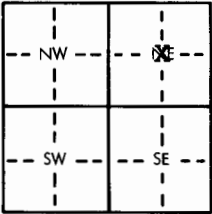


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 1/4 1/4 NE 1/4	Section number 1	Township number T 25 S	Range number R 14 E W		
2. Distance and direction from nearest town or city: 7 1/2 miles Southwest of St. John, KS Street address of well location if in city:				3. Owner of well: David McCandless R.R. or street: (?) City, state, zip code: St. John, KS 67576				
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. 24 in. Completion date 5-24-78 Well depth 68 ft. Pump Set 6-27-78				
5. Type and color of material				From	To			
				Top soil		0	2	
				Gray clay		2	11	
				Sand & gravel		11	20	
				Sandstone		20	25	
				Sandstone and gravel gravel		25	30	
				Yellow clay		30	33	
				Sand & gravel		33	67	
				Brown clay		67	68	
				10. Screen: Manufacturer's name W. A. Brown Type Double-slot Dia. 16" Slot/gauze 1/8" Length 40' Set between 28 ft. and 68 ft. Gravel pack? Yes Size range of material 3/8-200				11. Static water level: 12 ft. below land surface Date 5-24-78
12. Pumping level below land surfaces 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 X No Date ____				
14. Well head completion: 12 Inches above grade ____ Pitless adapter				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? ____ Yes X No				17. Pump: ____ Not installed Manufacturer's name Peerless Pump Co. Model number 12LB-2 HP 80 Volts ____ Length of drop pipe 60 ft. capacity 900 g.p.m. Type: ____ Submersible X Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ Other				
18. Elevation:				19. Remarks:				
Topography: ____ Hill ____ Slope ____ Upland ____ Valley				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 Great Bend, KS 67530 License No. ____ Address 6-28-78 Signed [Signature] Date 6-28-78 Authorized representative				