

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

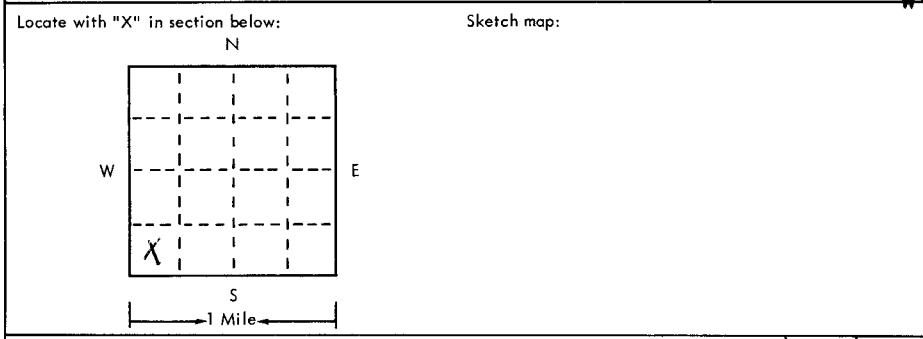
WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Rice</b>	Township name	Fraction <b>SW/SW 1/4</b>	Section number <b>8</b>	Town number <b>20</b>	Range number <b>10</b>
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Distance and direction from nearest town or city:  
**1 3/4 miles south of Silica, Ks.**  
Street address of well location if in city:

3: Owner of well:  
**H-30 Drilling Co.**  
Address:  
**200 North Main St. Wichita, Ks.**



4 Well depth: **70** ft. Date of completion **2-10-75**  
Well diameter **8** in.

5  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Bored  Reverse rotary

6 Use:  Domestic  Public supply  Industry  
 Irrigation  Air conditioning  Commercial  
 Test well  **Oil Field Water Supply**

7 Casing: Material **pvc** Height: above/below  
Threaded  Welded  Surface **12** in.  
Diam. \_\_\_\_\_ Weight **160** lbs./ft. \_\_\_\_\_  
**4** in. to **50** ft. depth Drive shoe?  Yes  No  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

2 Type and color of material	From	To
Top soil	0	3
Clay	3	15
Sand rock	15	40
Clay	40	45
Sand rock	45	50
Shale	50	70
Hard	70	

8 Screen:  
Manufacturer **R & B**  
Type **pvc** Dia. **4**  
Slot/gauze **1/16** Length **20**  
Set between **50** ft. and **70** ft.  
Fittings: **3/4-3/8-1/16**  
Gravel pack  Yes  No Size range of material **CM-3**

9 Static water level:  
**2** ft. below land surface Date **2-10-75**

10 Pumping level below land surfaces:  
**20** ft. after **k** hrs. pumping **75** g.p.m.  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
Estimated maximum yield **150** g.p.m.

11 Water sample submitted:  
 Yes  No Date \_\_\_\_\_

12 Well head completion:  
 Pitless adapter **12** inches above grade

13 Well grouted?  Yes  No  
 Neat cement  Bentonite  \_\_\_\_\_  
Depth: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

14 Nearest source of possible contamination:  
ft. **80** Direction **NE** Type **oil well**  
Well disinfected upon completion?  Yes  No

15 Pump:  Not installed  
Manufacturer's name \_\_\_\_\_  
Model number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
Length of drop pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ g.m.p.  
Type:  
 Submersible  Turbine  
 Jet  Reciprocating  
 Centrifugal  Other

16 Remarks: elevation

**well will be pulled & plugged at later date**

Topography:  
 Hill  
 Slope  
 Upland  
 Valley

(use a second sheet if needed)

17 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, Ks**  
Signed **Fredia Dodson** Date **2-17-75**  
Authorized representative