

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

T R EW sec 1/4 1/4 1/4 No.

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 <i>Stafford</i>	Township name	Fraction <i>sw 1/4</i>	Section number <i>32</i>	Town number <i>21</i>	Range number <i>13</i>
Distance and direction from nearest town or city: <i>16 1/2 mi S of Seward, Ks</i> Street address of well location if in city:				3 Owner of well: <i>H-30 Drilling Co.</i> Address: <i>300 North Main Wichita, Ks.</i>		
4 Well depth: <i>70</i> ft. Date of completion <i>7-30-75</i> Well diameter <i>7 7/8</i> in.				5 <input 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		
6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well				7 Casing: Material <i>all</i> Height: <i>above</i> Below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. Weight <i>160</i> lbs./ft. <i>4</i> in. to <i>50</i> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No ___ in. to ___ ft. depth!		
8 Screen: Manufacturer <i>R.4 B</i> Type <i>slug</i> Dia. <i>4</i> <i>slot</i> gauze <i>1/16</i> Length <i>20</i> Set between <i>50</i> ft. and <i>70</i> ft. Fittings: <i>3/4-3/8-1/8</i> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>20-30</i>				9 Static water level: <i>4 1/2</i> ft. below land surface Date <i>7-30-75</i>		
10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield ___ g.p.m.				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___		
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ___ Depth: From <i>X</i> ft. to <i>X</i> ft.		
14 Nearest source of possible contamination: ft. <i>150</i> Direction <i>SW</i> Type <i>oil well</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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		
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				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. <i>Resenerath - Emis 134</i> Business name _____ License No. _____ Address <i>Great Bend, Ks</i> Signed <i>Frederic Radom</i> Date <i>8-4-75</i> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5