## WATER WELL RECORD KSA 82a-1201-1215

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

	County	Fraction		Section	number	Township number	Range number	
1. Location of well:	Stafford	sw1/4 nw 1/4 ne	1/4	2		т 21 s	R 14	E/W
$6$ n $3\frac{1}{2}$ e R.R. or s				street: Box 1389				
Street address of well location if in city:  Radium Ks.  City, state, zip code:						Great Bend, Ks.		
4. Locate with "X" in section below:  N						6. Bore hole dia. 7 in. Completion date Well depth 62 ft. 2-27-78		
X   X   NE						7 Cable tool X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary		
E						8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock Lawn X Oil field water Other		
						9. Casing: Material   Height: Above on XX Threaded   Welded   Surface 12 in. RMP   PVCX		
S 1 Mile ————————————————————————————————————								
5. Type and color of material					То	Dia in. to ft. depth gage No. SCh 40_		
		op Soil-Clay		0	18	10. Screen: Monufacturer's r  Jetstream  Type DVC	71.11	
Sand-Gravel				18	30	Type		
Clay				30	35			
gand-Gravel				35	62			
`.						12. Pumping level below lone	d surfaces:	
						ft. after		_ g.p.m.
						Estimated maximum yield —		g.p.m.
						13. Water sample submitted: YesX_ No	Date	./day/yr.
						14. Well head completion:	12 Inches above	grado
				<u> </u>		Pitless adapter 15. Well grouted?X	11Ches above	grade
φ		٠				With: Neat cement X Depth: From 0 ft. to	Bentonite (	Concrete
						16. Negrest source of possible ft. 20 Direction	e contamination: <b>Qi</b> SE Type <b>t</b> E	il est
						Well disinfected upon compl		<u>X_N₀</u> ↑
						17. Pump:  Manufacturer's name  Model number	X Not installed	
						Length of drop pipe		
						Submersible	Turbine	ne ocating
	(Use a second	sheet if needed)				Jet Centrifugal	Kecipro	ما ما
18. Elevation:	19. Remarks:					20. Water well contractor's This well was drilled under n		's report
Topography:						is true to the best of my know Kellys Water		186 515
— Hill						Business name Address R2 Breat	*****	cense No.
Slope Upland Valley						Signed Authorized re	Date Date	2 <u>-9-</u> 72
Forward the white h	ue and pink copies to the Departmen	t of Health and Environment					Form WV	wc <b>-5</b>