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

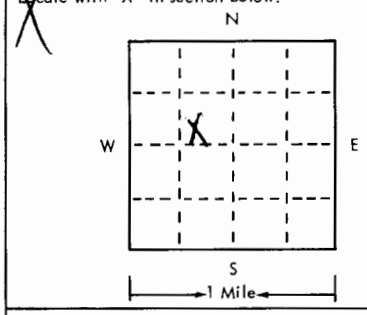
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stafford		SW/SE/NW¼	27	21	14

Distance and direction from nearest town or city: 2 north 1¾ east of Radium, Ks.
Street address of well location if in city:

3 Owner of well: H-30 Drilling, Co.
Address: 300 North Main Wichita, Ks.

Locate with "X" in section below:



Sketch map:

4 Well depth: 60 ft. Date of completion 4-21-75
Well diameter 7⅞ 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 H2O Supply

7 Casing: Material pvc Height: (above) below
Threaded ☐ Welded ☒ Surface 14 in.
Diam. Weight ____ lbs./ft.
4 in. to 40 ft. depth Drive shoe? ☐ Yes ☐ No
____ in. to ____ ft. depth

2 Type and color of material	From	To
Sandy top soil	0	4
Clay	4	12
Fine Sand	12	18
Good sand & gravel	18	56
Clay	56	60
(use a secand sheet if needed)		

8 Screen:
Manufocturer K & B
Type pvc Dia. 4
Slot gauze 4/16 Length 20
Set between 40 ft. and 60 ft.
Fittings: ¾ - ⅜ - 1/16
Gravel pack ☒ Yes ☐ No Size range of material SM 3

9 Static water level:
8 ft. below land surface Date 4-21-75

10 Pumping level below land surfaces:
16 ft. after 1 hrs. pumping 100 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 300 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion:
☐ Pitless adapter ☑ Inches above grade

13 Well grouted? ☐ Yes ☑ No
☐ Neat cement ☐ Bentonite ☐ ____
Depth: From ____ ft. ta ____ ft.

14 Nearest source of possible contamination:
ft. 76' Direction N E 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
☐ Certrifugal ☐ Other

16 Remarks: elevation
Pulled & plugged

Topography:
☐ Hill
☐ Slope
☐ Upland
☑ Valley

17 Water well contractar's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Kansenvironmental Servis 134
Business name License No.
Address Great Bend Ks.
Signed Judie Dodson Date 4-24-75
Authorized representative

21 14W 27 SWSE NW

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

Form WWC-5

677-H