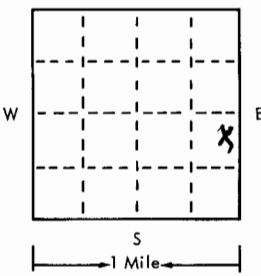


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County Stafford	Township name	Fraction N E S E	Section number 30	Town number 22 S	Range number 14 W		
Distance and direction from nearest town or city: 4 1/2 S			3 Owner of well: Charles Smith					
Street address of well location if in city: Radium, KS			Address: R1 St. John, Kan.					
Locate with "X" in section below: 			Sketch map:			4 Well depth: 62 ft. Date of completion 5-20-75 Well diameter 8 in.		
2 Type and color of material			From	To	5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary			
			Top Soil - Clay		0	45	6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well	
			Sand - Gravel		45	62	7 Casing: Material PVC Height: above below Threaded ☐ Welded ☐ Surface 12 in. Diam. 5 in. to 62 ft. depth Drive shoe? ☐ Yes ☒ No _____ in. to _____ ft. depth	
							8 Screen: Manufacturer MPI Type PVC Dia. 5" Slot/gauze 40 Length 15' Set between 47 ft. and 62 ft. Fittings: 1/4 - 3/4" Gravel pack ☒ Yes ☐ No Size range of material _____	
							9 Static water level: 16 ft. below land surface Date 5-20-75	
							10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 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: Barn ft. 60 Direction E Type yard Well disinfected upon completion? ☒ Yes ☐ No	
				15 Pump: ☒ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other				
16 Remarks: elevation Topography: ☐ Hill ☐ Slope ☒ Upland ☐ 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. Kelly's Water Well Ser 186 Business name R2 Great Bend KS License No. _____ Address _____ Signed Kelly Davis Date 5-20-75 Authorized representative					

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

Form WWC-5