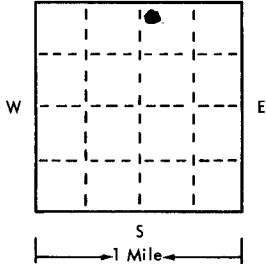


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Stafford</u>	Township name	Section number	Town number	Range number
		<u>NW NW NE</u>	<u>20</u>	<u>235</u>	<u>13W</u>
Distance and direction from nearest town or city: <u>3 north</u> <u>1 1/2 west</u> <u>of St John</u>			3 Owner of well: <u>Phillips Schultz</u> Address: <u>St John Kansas</u>		
Locate with "X" in section below: 			Sketch map:		
2			4 Well depth: <u>50</u> ft. Date of completion: <u>7-20-75</u> Well diameter: <u>8</u> in.		
Type and color of material			5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
From			6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☒ <u>Not Port Share</u>		
To			7 Casing: Material <u>AMP</u> Height: <u>above</u> /below Threaded ☐ Welded ☒ Surface <u>12</u> in. Diam. <u>5</u> in. to <u>50</u> ft. depth Weight <u>148</u> lbs./ft <u>120</u> Drive shoe? ☐ Yes ☒ No		
Clay 0 12			8 Screen: Manufacturer <u>Jess & Lowell</u> Type <u>AMP</u> Dia. <u>5</u> Slot gauge <u>5</u> Length <u>10</u> Set between <u>40</u> ft. and <u>50</u> ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material <u>5/16</u>		
Sand 12 30			9 Static water level: <u>20</u> ft. below land surface Date <u>7-20-75</u>		
Clay 30 35			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.		
Gravel 35 50			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 <u>0</u> ft. to <u>10</u> ft.		
			14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ☐ Yes ☐ No		
(use a second sheet if needed)			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			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. <u>Myers Water Well 143</u> Business name <u>Great Bend KS</u> License No. ____ Address <u>Great Bend KS</u> Signed <u>Edgar D. Myers</u> Date <u>7-20-75</u> Authorized representative		
Topography: ☐ Hill ☒ Slope ☐ Upland ☐ Valley					

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

Form WWC-5