REVISED

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

WATER WELL RECORD
KSA 82a-1201-1215

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

Clowers

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	SW 1/4 SW 1/4 SE 1/4	35	T 24 S	R 13 W E/W

2. Distance and direction from nearest town or city: 1 South
Street address of well location if in city: 1 East St John

3. Owner of well: Coleman Exploring Co
R.R. or street:
City, state, zip code: Wichita Kansas

4. Locate with "X" in section below: Sketch map:

N — NW — NE — W — E — SW — SE — S — 1 Mile — 1 Mile

6. Bore hole dia. 5 in. Completion date
Well depth 60 ft. 4-21-77

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn X Oil field water __ Other

9. Casing: Material Steel Height: Above or below
Threaded ___ Welded X Surface 2 in.
RMP ___ PVC ___ Weight 17.2 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

X Type and color of material	From	To
Sandy Clay	0	10
Clay	10	20
Light gravel	20	35
Clay	35	45
gravel	45	60

(Use a second sheet if needed)

10. Screen: Manufacturer's name
Johnson
Type Wire Dia. 5
Slot/gauze 50 Length 20
Set between 40 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material

11. Static water level: mo./day/yr.
___ ft. below land surface Date 4-21-77

12. 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.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter ___ Inches above grade

15. Well grouted? No
With: __ Neat cement X Bentonite __ Concrete
Depth: From 2 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type
Well disinfected upon completion? __ Yes __ No

17. Pump: X 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

T 24 R 13 (W) Sec 35 1/4 1/4 1/4 1/4

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks:

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10 MAY 1977
DIVISION OF ENVIRONMENT

20. 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.
Business name License No.
Address
Signed Date
Authorized representative

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023