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		CN1/2 NW 1/4	34	T24S	R14W

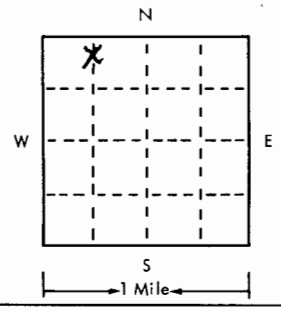
Distance and direction from nearest town or city: 10 S.W.

Street address of well locotion if in city: St John

3 Owner of well: H.D. Rachelman

Address: Rt. 1 St John

Locate with "X" in section below:



Sketch map:

4 Well depth: 150 ft. Date of completion 1-4-75
Well diameter 5 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 ☐ _____

Black Iron

7 Casing: Materiol B.I Height: (above) ~~below~~
Threaded ☒ Welded ☐ Surface 18 in.
Diam. Weight 2 lbs./ft.
2 in. to 110 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of materiol	From	To
Clay	0	30
Gravel	30	80
Clay	80	92
Gravel	92	100
Clay	100	116
Sand	116	130
Clay	130	150
(use a second sheet if needed)		

8 Screen:
Manufacturer OWN Tex-Tube
Type S&W Steel Dia. 3"
(Slot) gauze 7/16 Length 20
Set between 110 ft. and 130 ft.
Fittings: CM-7 1/8-3/4
Gravel pack ☒ Yes ☐ No Size range of materiol ___

9 Static water level:
27 ft. below land surface Date 1-6-75

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.

11 Water sample submitted:
☒ Yes ☐ No Date 1-7-75

12 Well head completion: 18"
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☒ Bentonite ☐ _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: Boer Yard
ft. 3000 Direction SW Type
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

Tapography:
☐ 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 Serv 186
Business name License No.
Address R 1 Great Bend
Signed Kelly Pauls Date 1-6-75
Authorized representative

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

Form WWC-5

677-H