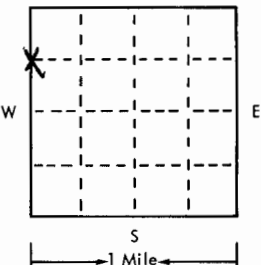


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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	Fraction <u>NW 1/4</u>	Section number <u>34</u>	Town number <u>24</u>	Range number <u>14</u>	
Distance and direction from nearest town or city: <u>10 S.W.</u>			3 Owner of well: <u>H.D. Kachelmeier</u>				
Street address of well location if in city: <u>St John</u>			Address: <u>Route 1 St John, Kans</u>				
Locate with "X" in section below: 			Sketch map:			4 Well depth: <u>150</u> ft. Date of completion <u>1-3-75</u> Well diameter <u>5</u> in.	
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
			Clay Sand-gravel-clay Clay Sand-clay Sand Clay		0	30	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Test well
			30	81	7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
			81	110	8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
			110	140	9 Static water level: _____ ft. below land surface Date _____		
			140	145	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.		
(use a second sheet if needed)					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Cuttings Depth: From <u>0</u> ft. to <u>150</u> ft.		
					14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
					16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Kelly's Water Well Serv</u> 186 Business name _____ License No. _____ Address <u>R 1 Great Bend</u> Signed <u>Kelly Price</u> Date <u>1-6-75</u> Authorized representative				

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

Form WWC-5