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

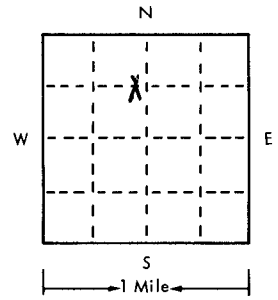
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stafford		NW 1/4	34	24	14

Distance and direction from nearest town or city: 10 S.W.
Street address of well location 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: 135 ft. Date of completion 1-3-75
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 ☐ _____

7 Casing: Material _____ Height: above/below
Threaded ☐ Welded ☐ Surface _____ in.
Diam. Weight _____ lbs./ft.
_____ in. to _____ ft. depth Drive shoe? ☐ Yes ☐ No
_____ in. to _____ ft. depth

2 Type and color of material	From	To
Clay	0	12
Gravel Clay Stvks	12	72
Clay	72	80
Gravel	80	85
Clay	85	108
Sand	108	120
Clay	120	135
(use a second sheet if needed)		

8 Screen:
Manufacturer _____
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. ond _____ ft. _____
Fittings:
Gravel pack ☐ Yes ☐ No Size range of material _____

9 Static water level:
_____ ft. below land surface Date _____

10 Pumping level below land surfaces:
_____ ft. ofter _____ 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 _____

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

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

14 Nearest source of possible contamination:
ft. _____ Direction _____ 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

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 Waterwell Serv 186
Business name License No.
Address R 3 Great Bend
Signed Kelly Price 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