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WATER WELL RECORD
KSA 82a-1201-1215

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

County Stafford		Fraction ne 1/4 ne 1/4 ne 1/4		Section number 25		Township number 24		Range number 15 E	
1. Location of well: X				2. Distance and direction from nearest town or city: 2 1/4 E 1-S 1/4-E south side from Macksville, Ks.					
3. Owner of well: Dunne & Gardner Petroleum.				R.R. or street: 200 west Douglas Suite 250					
City, state, zip code: Wichita, Kansas 67202				4. Bore hole dia. 8 in. Completion date _____ Well depth 80 ft. 2-25-75					
5. Cable tool <input checked="" type="checkbox"/> Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary _____				6. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn <input checked="" type="checkbox"/> Oil field water _____ Other _____					
7. Casing: Material pvc Height: Above or below _____ Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 80 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gage No. 237				8. Screen: Manufacturer's name Certainteed Type pvc Dia. _____ Slot 1/16 Length 20 Set between 60 ft. and 80 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8					
9. Static water level: _____ mo./day/yr. 12 ft. below land surface Date 2-25-75				10. Pumping level below land surfaces: na _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.					
11. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____				12. Well head completion: _____ Pitless adapter _____ inches above grade					
13. Well grouted? no With: _____ Neat cement _____ Bentonite _____ Concrete _____ Depth: From _____ ft. to _____ ft.				14. Nearest source of possible contamination: ft. 90 Direction East Type oil well Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____					
15. Pump: <input checked="" type="checkbox"/> 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 _____				16. 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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 6753 Signed S. Kilgore Date 2-25-75 Authorized representative					
17. Elevation: _____				18. Remarks: _____					
19. Topography: _____ Hill _____ Slope _____ <input checked="" type="checkbox"/> Upland _____ Valley _____				20. (Use a second sheet if needed)					

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

Form WWC-5

MI-1023