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

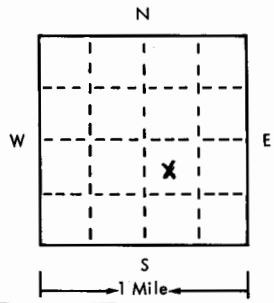
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stafford		C/NW-SE¼	5	25	12

Distance and direction from nearest town or city: 45-3W-¼N-¼W of Stafford, Kansas
Street address of well location if in city:

3 Owner of well: H-30 Drilling Co.
Address: 200 North Main, Wichita, Ks.

Locate with "X" in section below:



Sketch map:

4 Well depth: 90 ft. Date of completion 7-7-75
Well diameter 7 7/8 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 pvc. Height above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 160 lbs./ft.
4 in. to 60 ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Sandy top soil	0	1½
Clay	1½	21
Sand + gravel	21	26
Clay	26	40
Sand + gravel	40	60
Clay	60	72
Good Sand + gravel	72	88
Clay	88	90

(use a second sheet if needed)

8 Screen:
Manufacturer R+B
Type pvc Dia. 4
Slot/gauze 1/16 Length 30'
Set between 60 ft. and 90 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/4-3/8-1/4 cm3

9 Static water level:
18 ft. below land surface Date 7-7-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping NA 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 ☐
Depth: From ___ ft. to ___ ft.

14 Nearest source of possible contamination:
ft. 150 Direction North Type oil well
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
☐ Centrifugal ☐ Other

16 Remarks: elevation

Pulled + plugged

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.
Business name Rosencrantz-Bonis License No. 134
Address Great Bend, Ks.
Signed Fredia Dodson Date 7-10-75
Authorized representative

S-5 T-25 R-12 W

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

Form WWC-5