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

WATER WELL RECORD
KSA 82a-1201-1215

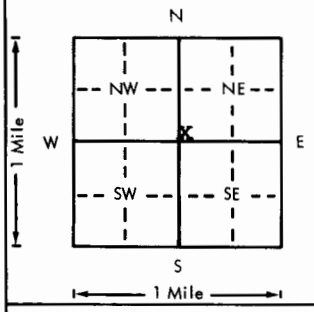
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	sw 1/4 sw 1/4 ne 1/4	5-~~25-XX~~	T 25 S	R 12 E/W

2. Distance and direction from nearest town or city: 3-S 3½-W of Stafford, Ks
Street address of well location if in city:

3. Owner of well: H-30 Drilling Co.
R.R. or street: 200 N. Main St.
City, state, zip code: Wichita, Ks. 67202

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 8 in. Completion date _____
Well depth 90 ft. 7-7-75

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn X Oil field water __ Other

9. Casing: Material pvc Height: Above or ~~below~~
Threaded ___ Welded ___ Surface 18 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 4 in. to 90 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .237

5. 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~~40~~	72
good sand & gravel	72	88
clay	88	90
(Use a second sheet if needed)		

10. Screen: Manufacturer's name
CertainTeed
Type pvc Dia. ___
Slot/~~gage~~ 1/16 Length 30
Set between 60 ft. and 90 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material ½ 3/4 3/8

11. Static water level: mo./day/yr.
18 ft. below land surface Date 7-7-75

12. 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.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion:
___ Pitless adapter ___ Inches above grade

15. Well grouted? no
With: ___ Neat cement ___ Bentonite ___ Concrete
Depth: From ___ ft. to ___ ft.

16. Nearest source of possible contamination:
ft. ½mi Direction West Type Septic
Well disinfected upon completion? X Yes ___ No

17. Pump: X 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

18. Elevation:

Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks:

20. 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 67530
Signed X S. Kilgore Date 6-21-79
Authorized representative

T 25 S R 12 E (W) Sec 5 1/4 SW 1/4 SW 1/4 NE 1/4

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

Form WWC-5