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

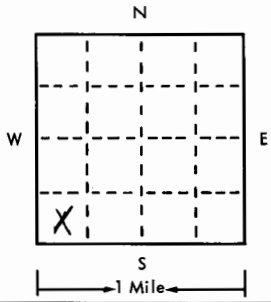
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stafford		SW 1/4	8	25	12

Distance and direction from nearest town or city: 7S-4E-Odell St. John, Ks
Street address of well location if in city:

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

Locate with "X" in section below:



Sketch map:

4 Well depth: 60 ft. Date of completion 7-18-75
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. 4 in. to 50 ft. depth Weight 160 lbs./ft.
____ in. to ____ ft. depth Drive shoe? ☐ Yes ☑ No

2 Type and color of material	From	To
top soil	0	3
red clay	3	10
white clay w/red clay	10	26½
fine sand	26½	30
sand + gravel	30	57½
Gray clay	57½	60
(use a second sheet if needed)		

8 Screen:
Manufacturer K & B
Type pvc Dia. 4
Slot/gauze 1/16 Length 10'
Set between 50 ft. and 60 ft.
Fittings:
Gravel pack ☑ Yes ☐ No Size range of material 3/4-3/8-1/4 EP 3

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

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 SW Type Old 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
☐ Certrifugal ☐ 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.
Rosenrantz Bemis 134
Business name License No.
Address Great Bend, Ks
Signed Fredda Bodeen Date 7-28-75
Authorized representative

7S 12E 8 SE¼

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

Form WWC-5