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

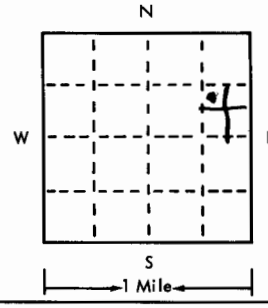
mather #1

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stafford		NW SE NE	12	25S	13W

Distance and direction from nearest town or city: ~~4 miles South~~ 3 Miles East 2 West of
Street address of well location if in city: 7½ South St John Kans

3 Owner of well: aspin Drilling Co
Address: Great Bend Ks

Locate with "X" in section below:



Sketch map:

4 Well depth: 105 ft. Date of completion 8-16-75
Well diameter 7 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 ☐ ~~oil field Surf~~.

7 Casing: Material PVC Height: (above)/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 1.43 lbs./ft 100
4 in. to 105 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Clay	0	16
sand	16	20
Clay	20	30
sand	30	80
Gravel	80	105
(use a second sheet if needed)		

8 Screen:
Manufacturer Peerless Plastic
Type PVC Dia. 4
(Slot)/gauze ~~1/4~~ Length 10
Set between 95 ft. and 105 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 8 1/4

9 Static water level:
18 ft. below land surface Date 8-16-75

10 Pumping level below land surfaces:
___ ft. after ___ 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 ☐ ___
Depth: From 0 ft. to 10 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.
Myers water well 143
Business name License No.
Address Great Bend KS
Signed Alfred A Myers Date 8-16-75
Authorized representative

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

Form WWC-5

25-13W 12 NW SE NE