

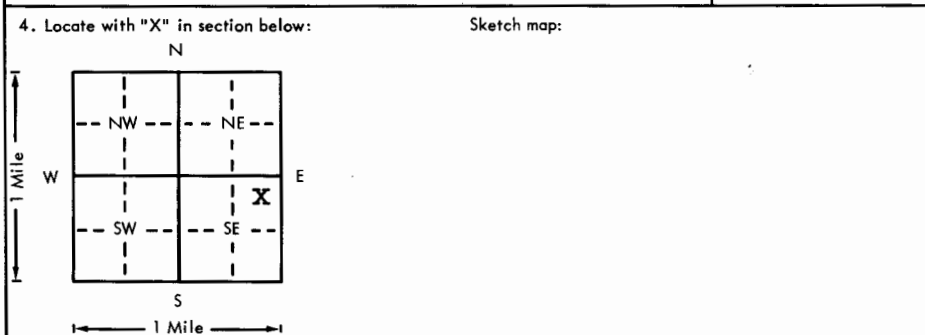
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 **Stafford** Fraction **c 1/4 ne 1/4 se 1/4** Section number **27** Township number **T 25 S R 14w E/W**

2. Distance and direction from nearest town or city: **7s.7e.** 3. Owner of well: **H-30 Drilling, Inc**
Street address of well location if in city: **Macksville, Ks.** R.R. or street: **200 N. Main**
City, state, zip code: **Wichita, Ks. 67202**



6. Bore hole dia. **7** in. Completion date **7-13-77**
Well depth **80** ft.

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

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

9. Casing: Material _____ Height: Above ~~XXXX~~
Threaded _____ Welded _____ Surface **12** in.
RMP _____ PVC Weight _____ lbs./ft.
Dia. **4** in. to **70** ft. depth Wall Thickness _____ inches
Dia. _____ in. to _____ ft. depth gage No. **Sch. 40**

5. Type and color of material	From	To
Top-Soil -Clay	0	18
Sandy Clay	18	25
Sand	25	30
Sand-Gravel	30	38
Clay	38	50
Sand	50	55
Sand-Gravel	55	80
(Use a second sheet if needed)		

10. Screen: Manufacturer's name **MPI**
Type **pvc** Dia. **4"**
Slot/gauze **1/16** Length **20'**
Set between **60** ft. and **80** ft.
Gravel pack? Size range of material **1/8-3/4"**

11. Static water level: _____ mo./day/yr.
15 ft. below land surface Date **7-13-77**

12. Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **50** g.p.m.

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

14. Well head completion: _____
 Pitless adapter **12** Inches above grade

15. Well grouted?
With: Neat cement Bentonite Concrete
Depth: From **0** ft. to **10** ft.

16. Nearest source of possible contamination: **oil**
ft. **55** Direction **se** Type **Test**
Well disinfected upon completion? Yes No

17. Pump: 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: _____

19. Remarks: _____

Topography:
 Hill
 Slope
 Upland
 Valley

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.
Kelly's Waterwell Ser. 186
Business name License No. _____
Address **R. 2 Great Bend Ks 186**
Signed **Kelly Price** Date **10-10-79**
Authorized representative

25 140 27 CNE SE 1/4 1/4