

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

T R EW sec 1/4 1/4 1/4 No.

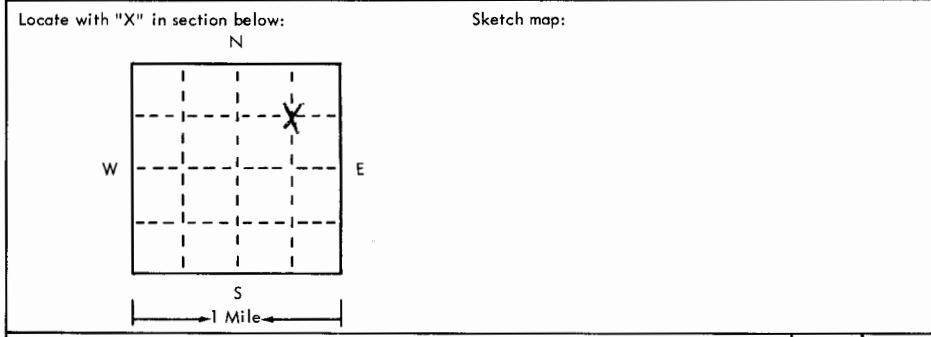
WATER WELL RECORD  
KSA 82a-1201-1215

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

*Account*

1 Location of well:	County <b>Ford</b>	Township name	Fraction <b>C/NE<math>\frac{1}{4}</math></b>	Section number <b>6</b>	Town number <b>29</b>	Range number <b>21</b>
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Distance and direction from nearest town or city: <b><math>\frac{1}{2}</math> mile West of Bucklin, Ks.</b>	3 Owner of well: <b>Pickrell Drilling Co.</b>
Street address of well location if in city:	Address: <b>705 4th Natl. Bk. Bldg. Wichita, Ks.</b>



4 Well depth: <b>180</b> ft. Date of completion <b>2-6-75</b>
Well diameter <b>7-7/8</b> .
5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <b>oil field H<sub>2</sub>O Supply</b>
7 Casing: Material <b>PVC</b> Height: <b>above</b> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. Diam. Weight <b>160</b> lbs./ft. <b>4</b> in. to <b>140</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth

2	Type and color of material	From	To
	Top soil	0	2
	Dark brown clay	2	8
	Light brown clay	8	40
	Brown & white clay	40	90
	Brown clay little sand mixed	90	103
	Sand & gravel clean, coarse, loose	103	141
	Brown clay	141	144
	Sand & gravel clean, coarse, loose	144	162
	Yellow brown clay	162	170
	Blue shale <b>BRICK 162</b>	170	180
	<b>LLO</b> <b>52' sand thick</b>		
	<b>m Og</b>		
	<b>21151</b>		
	<b>162</b> <b>2269</b>		

8 Screen: Manufacturer <b>R &amp; B</b> Type <b>pvc</b> Dia. <b>4</b> Slat/gauze <b>1/16</b> Length <b>40</b> Set between <b>140</b> and <b>180</b> ft. Fittings: <b>3/4-3/8-1/16</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>cm-3</b>
9 Static water level: <b>110</b> ft. below land surface Date <b>2-6-75</b>
10 Pumping level below land surfaces: <b>NA</b> ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield ___ g.p.m.
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>18</b> inches above grade
13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ___ Depth: From ___ ft. to ___ ft.
14 Nearest source of possible contamination: ft. <b>60</b> Direction <b>SE</b> <b>oil well</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ___ Model number ___ HP ___ Volts ___ Length of drop pipe ___ ft. capacity ___ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other

16 Remarks: elevation

**well will be pulled & plugged at later date**

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.

**Rosencrantz-Bemis 134**  
Business name License No.  
Address **Great Bend, Ks.**  
Signed **Fredia Dodson** Date **2-10-75**  
Authorized representative