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
	KINGMAN		SW/4 SW/4	9	29	7

Distance and direction from nearest town or city: 65-3/4 W-1/4 N of Kingman
Street address of well location if in city:

3 Owner of well: H-30 Drilling Co.
Address: 300 N main St. Wichita, Ks

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

N, W, E, S, 1 Mile

4 Well depth: 135 ft. Date of completion 12-23-74
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 Surface 12 in.
Threaded ☐ Welded ☒ Weight 160 lbs./ft. 135
Diam. 4 in. to 105 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
TOP SOIL	0	2
SANDY CLAY	2	6
SAND + GRAVEL WITH CLAY IN IT	6	30
SANDY GRAY CLAY	30	42
SAND + GRAVEL - LOOSE + CLEAN	42	74
BROWN CLAY	74	79
SAND + GRAVEL LOOSE + CLEAN	79	100
BROWN CLAY	100	112
SAND + GRAVEL - LOOSE + CLEAN	112	130
SAND + GRAVEL - CLEAN, COARSE, loose	130	135
Red bed	135	
(use a second sheet if needed)		

8 Screen:
Manufacturer R. + B.
Type pvc Dia. 4
Slot/gauze 40 Length 30'
Set between 105 ft. and 135 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/4 3/8 1/16

9 Static water level: 55 ft. below land surface Date 12-23-74

10 Pumping level below land surfaces: not test pumped
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 50 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. 100 Direction NE Type oil 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

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 - Bonis 134
Business name License No.
Address Great Bend, Ks
Signed Gretta Hodson Date 12-31-74
Authorized representative

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

Form WWC-5