

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

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

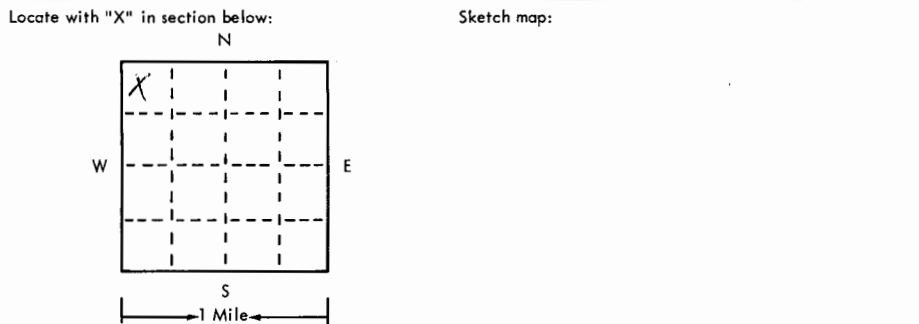
WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County Kingman	Township name	Fraction NW/NW$\frac{1}{4}$	Section number 8	Town number 29	Range number 8
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Distance and direction from nearest town or city:
5 miles west of Cleveland, Ks
Street address of well location if in city:

3 Owner of well: **H-30 Drilling Co.**
Address: **200 North Main St. Wichita, Kansas**



4 Well depth: **80** ft. Date of completion **1-24-75**
Well diameter **7 7/8**

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 **2** in.
Diam. Weight **160** lbs./ft.
4 in. to **60** ft. depth Drive shoe? Yes No
___ in. to ___ ft. depth!

2	Type and color of material	From	To
	Top soil	0	2
	Brown clay	2	4
	Sand & gravel	4	14
	Yellow brown clay	14	25
	Brown & white clay	25	42
	Hard brown & white rock	42	43
	Sandy brown clay	43	47
	Hard white rocks	47	48
	Brown clay	48	58
	Sand & gravel clean loose medium	58	73
	Red bed	73	80
	(use a second sheet if needed)		

8 Screen: Manufacturer **R & B.**
Type **pvc** Dia. **4**
Slot/gauze **1/16** Length **20'**
Set between **60** ft. and **80** ft.
Fittings: **3/4-3/8-1/16**
Gravel pack Yes No Size range of material **cu-3**

9 Static water level: **24** ft. below land surface Date **1-24-75**

10 Pumping level below land surfaces:
32 ft. after **1** hrs. pumping **60** g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield **100** g.p.m.

11 Water sample submitted:
 Yes No Date ___

12 Well head completion:
 Pitless adapter **12** inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite ___
Depth: From ___ ft. to ___ ft.

14 Nearest source of possible contamination:
ft. **60** Direction **south** 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.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation
well will be pulled and plugged at a 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, Kansas**
Signed **Fredia Dodson** Date **1-28-75**
Authorized representative