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

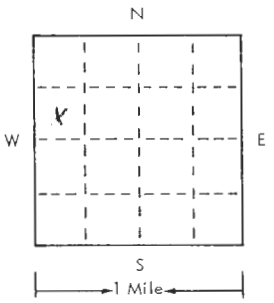
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Harper		C/sw/4 w 1/4	7	31	8 (W)

Distance and direction from nearest town or city: 7½ miles north of attica, Ks
Street address of well location if in city:

3 Owner of well: H-30 Drilling
Address: 200 North Main, Great Bend, Ks.

Locate with "X" in section below:



Sketch map:

4 Well depth: 100' ft. Date of completion 3-4-75
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 ☐ Oil Field H2O Supply

7 Casing: Material ~~pvc~~ Height: above/below
Threaded ☐ Welded ☒ Surface 18 in.
Diam. Weight 160 lbs./ft.
4" in. to 70 ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Top Soil	0	3
Sand + gravel	3	24
Brown + yellow Brown clay	24	44
Sand + gravel	44	54
Brown Clay	54	56
Sand + gravel	56	58
Red Clay	58	62
Sand + gravel	62	72
Brown clay	72	78
Sand + gravel	78	90
Red bed	90	100
(use a second sheet if needed)		

8 Screen:
Manufacturer R+B
Type ~~pvc~~ Dia. 4
Slot/gauze 1/16 Length 30
Set between 70 ft. and 100 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4-3/8-1/16 20-3

9 Static water level:
4½ ft. below land surface Date 3-4-75

10 Pumping level below land surfaces: NA
___ 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 2 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 15' Direction SE 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
☐ Centrifugal ☐ Other

16 Remarks: elevation

well will be pulled + plugged at later date
well was pulled + plugged 3-15-75

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.
Rosenerantz - Bennis 134
Business name License No.
Address Great Bend, Ks
Signed Linda Robson Date 3-10-75
Authorized representative

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

Form WWC-5