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

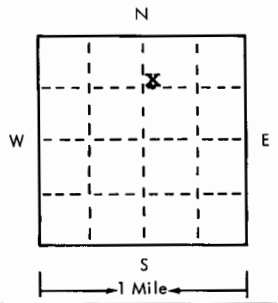
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Barton	Comanche	NE of NE	3	T20S	R11W

Distance and direction from nearest town or city:
2 mi. East of Ellinwood, Kansas
Street address of well location if in city:

3 Owner of well: Larry Panning
Address: Ellinwood, Kansas

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



4 Well depth: 48 ft. Date of completion 6-12-75
Well diameter 24 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 Steel Height (above)/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 30.3 lbs./ft.
16 in. to 26 ft. depth Drive shoe? ☐ Yes ☒ No
16 in. to 48 ft. depth

2 Type and color of material	From	To
Top soil	0	3
Brown clay	3	9
Sand & gravel	9	45
Dakota clay	45	48
(use a second sheet if needed)		

8 Screen:
Manufacturer Johnson
Type Irr. .125 Dia. 16"
(Slot)/gauze 1/8 Length 20'
Set between 26 ft. and 46 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/8-200

9 Static water level:
15 ft. below land surface Date 6-12-75

10 Pumping level below land surfaces: N/C
_____ 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 12 ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: NONE KNOWN
ft. _____ Direction _____ Type _____
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
1973
1973
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.
Clarke Well & Eq., Inc. 185
Business name License No.
Address Great Bend, KS
Signed _____ Date 6-12-75
Authorized representative

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

Form WWC-5