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

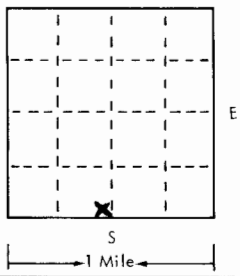
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Barton	Liberty	SE 1/4 of SW 1/4	18	T 20 S	R 14 W

Distance and direction from nearest town or city: 11 mi. SW GREAT BEND
Street address of well location if in city:

3 Owner of well: Bob Smith (P.D.)
Address: Pawnee Rock, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 78 ft. Date of completion 1-27-75
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 [redacted]
Threaded ☐ Welded ☒ Surface 24 in.
Diam. 16 in. to 30 ft. depth Weight 30.3 lbs./ft.
Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top soil + brown clay	0	9
Sand + gravel	9	52
Brown clay	52	58
Brown + blue clay + gravel streaks	58	64
Sand + gravel	64	78
(use a second sheet if needed)		

8 Screen:
Manufacturer W.A. Brown
Type Double-slot Dia. 16"
Slot gauze 1/8 Length 48'
Set between 30 ft. and [redacted] ft.
Fittings: 78 3/8-200
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
14 ft. below land surface Date 1-27-75

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 [redacted] ☒ Inches above grade

13 Well grouted? ☒ Yes
☒ 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
☐ 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.
Clarke Well & Equip, Inc. 185
Business name License No.
Address Great Bend, KS
Signed [redacted] Date 1-27-75
Authorized representative

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

Form WWC-5

677-H