

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

WATER WELL RECORD
KSA 82a-1201-1215

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

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

County Barton		Township name Pawnee Rock		Fraction C SW¹/₄		Section number 36		Town number T 20 S		Range number R 15 W																																									
1 Location of well: Distance and direction from nearest town or city: 15 Mi. SW of Great Bend Street address of well location if in city:						3 Owner of well: MERCO, Inc. Address: (Clarence Mermis) Great Bend, Kansas																																													
Locate with "X" in section below: N W E S 1 Mile						Sketch map:																																													
<table border="1" style="width:100%; border-collapse: collapse;"><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr><tr><td></td><td>Top soil</td><td>0</td><td>2</td></tr><tr><td></td><td>Sand & gravel</td><td>2</td><td>46</td></tr><tr><td></td><td>Brown & blue clay</td><td>46</td><td>56</td></tr><tr><td></td><td>Sand & gravel</td><td>56</td><td>69</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>						2	Type and color of material	From	To		Top soil	0	2		Sand & gravel	2	46		Brown & blue clay	46	56		Sand & gravel	56	69																					4 Well depth: <u>69</u> ft. Date of completion <u>1-28-75</u> Well diameter <u>24 1/8</u> in. <u>24"</u>					
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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 <u>Steel</u> Height: <u>above</u> below Threaded ☐ Welded ☒ Surface <u>XXX</u> in. <u>24"</u> Diam. <u>XX</u> in. to <u>21</u> ft. depth Drive shoe? ☐ Yes ☒ No <u>16 1/2</u> in. to <u>57</u> ft. depth																																																			
8 Screen: Manufacturer <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>Slot</u> gauze <u>1/8</u> Length <u>36'</u> Set between <u>21</u> ft. and <u>45</u> ft. Fittings: <u>57' & 69'</u> <u>3/8-200</u> Gravel pack ☒ Yes ☐ No Size range of material <u> </u>																																																			
9 Static water level: <u>8</u> ft. below land surface Date <u>1-28-75</u>																																																			
10 Pumping level below land surfaces: <u>N/C</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.																																																			
11 Water sample submitted: ☐ Yes ☒ No Date <u>24</u>																																																			
12 Well head completion: <u>24</u> ☐ Pitless adapter <u>XX</u> inches above grade																																																			
13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ Depth: From <u>0</u> ft. to <u>10</u> ft.																																																			
14 Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? ☐ Yes ☒ No																																																			
15 Pump: ☒ Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.m.p. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other																																																			
16 Remarks: elevation 1921						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. <u>185</u> Business name <u> </u> License No. <u> </u> Address <u> </u> <u>Great Bend, KS</u> Signed <u>D.W. Clarke</u> Date <u>1-28-75</u> Authorized representative																																													

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

Form WWC-5