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

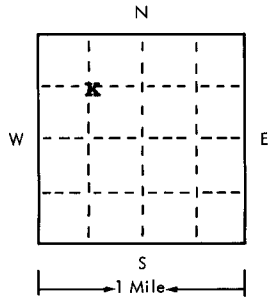
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stafford	Seward	CNW¼	31	T21S	R13W

Distance and direction from nearest town or city:
½ mi. North of Seward, Kansas
Street address of well location if in city:

3 Owner of well:
K. W. Kirkman
Address: Great Bend, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 102 ft. Date of completion 6-16-75
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 62 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Sandy top soil	0	3
Gray & brown clay	3	29
Gray brown clay	29	51
Sand & gravel	51	86
Green clay	86	89
Sand & gravel	89	102
(use a second sheet if needed)		

8 Screen:
Manufacturer Doerr
Type Double-slot Dia. 16"
Slot/gauze 1/8" Length 40'
Set between 62 ft. and 102 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/8-200

9 Static water level:
8 ft. below land surface Date 6-16-75

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
☐ 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 & Eq., Inc. 185
Business name License No.
Address Great Bend, Ks
Signed [signature] Date 6-16-75
Authorized representative

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

Form WWC-5

677-H