

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

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment  
Division of Environment (Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:	County <b>Stafford</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>31</b>	Township number <b>T 21 S R 13</b>	Range number <b>E W</b>
2. Distance and direction from nearest town or city: <b>1/2 mi. Northwest of Seward, KS</b> Street address of well location if in city:			3. Owner of well: <b>K. W. Kirkman</b> R.R. or street: <b>1909 Lincoln</b> City, state, zip code: <b>Great Bend, KS 67530</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date <b>11-21-75</b> Well depth <u>50</u> ft.	
		7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <b>Steel &amp; PVC</b> Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>44.5</u> lbs./ft. Dia. <u>2</u> in. to <u>31</u> ft. depth Wall Thickness: inches or Dia. <u>2</u> in. to <u>42</u> ft. depth gage No. <u>188 &amp; .091</u>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name <b>Peerless</b> <b>Plastics</b> Type <b>PVC</b> Dia. <b>2"</b> Slot gauze <b>1/8</b> Length <b>8'</b> Set between <b>42</b> ft. and <b>50</b> ft. ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>3/8-200</b>
Top soil			0	2	11. Static water level: _____ mo./day/yr. <b>8</b> ft. below land surface Date <b>11-21-75</b>
Gray & brown clay			2	23	12. Pumping level below land surfaces: <b>N/C</b> ____ ft. after _____ hrs. pumping _____ g.p.m. ____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Sand & sandy clay			23	35	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Sand & gravel			35	50	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <b>Eureka</b> <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <b>Cylinder</b> <input checked="" type="checkbox"/> Other
(Use a second sheet if needed)					20. 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. <b>Clarke Well &amp; Eq., Inc.</b> <u>185</u> Business name License No. Address <b>Great Bend, KS</b> Signed <i>[Signature]</i> Date <b>11-21-75</b> Authorized representative
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

27  
 130  
 31  
 NW 1/4 NW 1/4 NW 1/4  
 Sec 31  
 1/4 1/4 1/4 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5