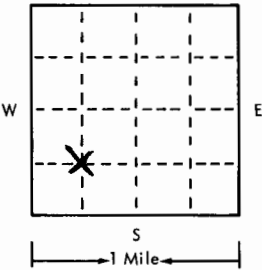


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Stafford	Township name Lincoln	Fraction C SW 1/4	Section number 7	Town number T21S	Range number R14W																																							
Distance and direction from nearest town or city: 5 mi. North of Radium, Kansas				3 Owner of well: Marvin Johnston Address: Great Bend, Kansas																																									
Locate with "X" in section below: 				Sketch map:																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td>Top soil</td><td>0</td><td>2</td></tr> <tr><td>Sandy clay & sand</td><td>2</td><td>18</td></tr> <tr><td>Sand & gravel</td><td>18</td><td>36</td></tr> <tr><td>Brown clay & gravel streaks</td><td>36</td><td>47</td></tr> <tr><td>Sand & gravel</td><td>47</td><td>59</td></tr> <tr><td>Green clay</td><td>59</td><td>61</td></tr> <tr><td>Sand & gravel</td><td>61</td><td>73</td></tr> <tr><td>Brown clay</td><td>73</td><td>80</td></tr> <tr><td>Brown & blue clay and gravel streaks</td><td>80</td><td>97</td></tr> <tr><td>Sand, gravel & brown clay streak at 109'</td><td>97</td><td>110</td></tr> <tr><td>Soft brown clay</td><td>110</td><td>112</td></tr> <tr><td colspan="3" style="text-align:center;">(use a second sheet if needed)</td></tr> </tbody> </table>				2 Type and color of material	From	To	Top soil	0	2	Sandy clay & sand	2	18	Sand & gravel	18	36	Brown clay & gravel streaks	36	47	Sand & gravel	47	59	Green clay	59	61	Sand & gravel	61	73	Brown clay	73	80	Brown & blue clay and gravel streaks	80	97	Sand, gravel & brown clay streak at 109'	97	110	Soft brown clay	110	112	(use a second sheet if needed)			4 Well depth: <u>112</u> ft. Date of completion <u>2-10-75</u> Well diameter <u>24</u> in.		
				2 Type and color of material	From	To																																							
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(use a second sheet if needed)																																													
			5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary																																										
			6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>																																										
			7 Casing: Material <u>Steel</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>30.3</u> lbs./ft. Weight <u>30.3</u> lbs./ft. <u>16</u> in. to <u>50</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>16</u> in. to <u>92</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>42'</u> Set between <u>50</u> ft. and <u>72</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>2/8-200</u>																																										
			9 Static water level: <u>11</u> ft. below land surface Date <u>2-10-75</u>																																										
			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.																																										
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																										
			12 Well head completion: <input type="checkbox"/> Pitless adapter <u>112</u> Inches above grade																																										
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____ Depth: From <u>0</u> ft. to <u>10</u> ft.																																										
			14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																										
			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																																										
16 Remarks: elevation				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 _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>[Signature]</u> Date <u>2-10-75</u> Authorized representative																																									

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

Form WWC-5