

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 Stafford	Fraction 1/4 1/4 CSE 1/4	Section number 14	Township number T 21 S	Range number R 14 EW
2. Distance and direction from nearest town or city: 4 1/2 miles Northwest of Seward, X KS Street address of well location if in city:			3. Owner of well: Marvin Johnston, Jr. R.R. or street: 2015 Forest City, state, zip code: Great Bend, KS 67530		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>24</u> in. Completion date <u>9-7-76</u> Well depth <u>93</u> ft.		
			7. <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		
			8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material			9. Casing: Material <u>steel</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>53</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>7 ga.</u>		
			10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot/gauze <u>1/8"</u> Length <u>40'</u> Set between <u>53</u> ft. and <u>93</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>3/8-200</u>		
top soil & sand			From <u>0</u> To <u>3</u>		
gray clay			From <u>3</u> To <u>11</u>		
sand & gravel & thin clay streaks			From <u>11</u> To <u>30</u>		
sand & gravel & sandy clay			From <u>30</u> To <u>36</u>		
sand & gravel & thin clay streaks			From <u>36</u> To <u>50</u>		
brown clay			From <u>50</u> To <u>52</u>		
sand & gravel & thin clay streaks			From <u>52</u> To <u>92</u>		
brown clay			From <u>92</u> To <u>93</u>		
			11. Static water level: <u>16</u> ft. below land surface Date <u>9-3-76</u> mo./day/yr.		
			12. 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.		
			13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> 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. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			17. Pump: Not installed Manufacturer's name <u>FMC Corp/Pearless</u> Model number <u>12MB-4</u> HP <u>60</u> Volts <u>460</u> Length of drop pipe <u>60</u> ft. capacity <u>900</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:			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. Clarke Well & Eq. Inc. 185 Business name License No. Address <u>Great Bend, KS 67530</u> Signed <u>[Signature]</u> Date <u>9-9-76</u> Authorized representative		
19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

21 140 14 - CSE

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

Form WWC-5