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

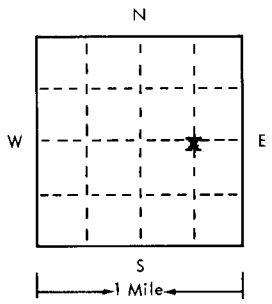
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stafford	Lincoln	Center North Side of N½ of SE¼	18	T 21 S	R 14 W

Distance and direction from nearest town or city:
4 mi. North of ~~XXXXXXX~~ Radium, KS

Street address of well location if in city:

3 Owner of well: Marvin Johnston
Address: Great Bend, Kansas

Locate with "X" in section below:



Sketch map:

2 Type and color of material	From	To
Top soil	0	2
Gray & brown clay	2	17
Sand & gravel	17	28
Yellow clay	28	32
Sand & gravel	32	37
Yellow clay	37	41
Sand & gravel	41	80
Gray clay	80	85
Sand, gravel & clay streak	85	90
Sand & gravel	90	105
Brown & gray clay	105	106
(use a second sheet if needed)		

4 Well depth: 106 ft. Date of completion 2-12-75
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. 16 ~~XX~~ in. to 40 ft. depth Weight 30.3 lbs./ft.
16 ~~XX~~ in. to 86 ft. depth Drive shoe? ☐ Yes ☒ No

8 Screen:
Manufacturer Doerr
Type Double-slot Dia. 16"
Slot/gauze 1/8 Length 60'
Set between 40 ft. and 80 ft.
Fittings: 86' & 106'
Gravel pack ☒ Yes ☐ No Size range of material 3/8-200

9 Static water level:
15 ft. below land surface Date 2-12-75

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: ~~XXX~~
☐ 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 2-12-75
Authorized representative

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

Form WWC-5

677-H