

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 CNE 1/4 | Section number 24 | Township number T 21 S R 14 | Range number EW |
| 2. Distance and direction from nearest town or city: 3 1/2 mi. Northwest of Seward, KS Street address of well location if in city: | | | 3. Owner of well: Hugh A. McCandless Lloyd Strobel R.R. or street: 308 W. 4th & Route 1 City, state, zip code: St. John, KS 67576 Seward, KS 67577 | | |
| 4. Locate with "X" in section below: | | Sketch map: | | | |
| | | 6. Bore hole dia. <u>24</u> in. Completion date <u>10-6-75</u> Well depth <u>105</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 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 <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>65</u> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <u>7 ga.</u> | | | |
| 5. Type and color of material | | From | To | | |
| Top soil | | 0 | 3 | 10. Screen: Manufacturer's name <u>W. A. Brown</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>Slot</u> gauge <u>1/8</u> Length <u>40'</u> Set between <u>65</u> ft. and <u>105</u> ft. <u>ft.</u> and <u>ft.</u> Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u> | |
| Sand & sandy clay | | 3 | 28 | 11. Static water level: <u>8 1/2</u> ft. below land surface Date <u>10-6-75</u> mo./day/yr. | |
| Sandy clay & lime streaks | | 28 | 43 | 12. Pumping level below land surfaces: <u>N/C</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>g.p.m.</u> | |
| Gravel | | 43 | 46 | 13. Water sample submitted: <u>mo./day/yr.</u> <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> Date <u>10-6-75</u> | |
| Gray clay | | 46 | 49 | 14. Well head completion: <u>Pitless adapter</u> <u>12</u> inches above grade | |
| Sand & gravel | | 49 | 72 | 15. Well grouted? <u>Yes</u> 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. | |
| Gray clay & limestone | | 72 | 104 | 16. Nearest source of possible contamination: <u>NONE KNOWN</u> ft. <u>Direction</u> <u>Type</u> Well disinfected upon completion? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> | |
| Sand & gravel | | 104 | 105 | 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 <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | |
| Gray clay | | | | | |
| (Use a second sheet if needed) | | | | | |
| 18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | 19. Remarks: Well is owned by both names in Block #3. | | | 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 & Equ., Inc. 185 Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>[Signature]</u> Date <u>10-6-75</u> Authorized representative | |

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

Form WWC-5