

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>Center of</b> 1/4 1/4 NW 1/4	Section number <b>31</b>	Township number T <b>21</b> S R <b>14</b> EW <b>0</b>	Range number
2. Distance and direction from nearest town or city: <b>6 1/2 miles West of Seward, KS</b> Street address of well location if in city:			3. Owner of well: <b>Brent Clarke</b> R.R. or street: <b>Route 1</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>24</u> in. Completion date <u>12-28-78</u> Well depth <u>100</u> ft. Pump Set <u>6-12-79</u>	
					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	
5. Type and color of material		From	To	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		
Top Soil		0	3	9. Casing: Material <u>steel</u> Height: <u>0</u> Above 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>60</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <u>7 ga.</u>		
Sandy clay & sand		3	23	10. Screen: Manufacturer's name <u>W. A. Brown</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot gauge <u>1/8"</u> Length <u>40'</u> Set between <u>60</u> ft. and <u>100</u> ft. <u>60</u> ft. and <u>        </u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>		
Sand & gravel & <del>clay</del> clay streaks		23	38	11. Static water level: <u>        </u> mo./day/yr. <u>18'6"</u> ft. below land surface Date <u>12-28-78</u>		
Sand & gravel		38	100	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: <u>        </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>        </u>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
				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.		
				16. Nearest source of possible contamination: <u>FIELD</u> ft. <u>        </u> Direction <u>        </u> Type <u>        </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Peerless Pump Co.</u> Model number <u>12LB-3</u> HP <u>60</u> Volts <u>        </u> Length of drop pipe <u>50</u> ft. capacity <u>800</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		
				(Use a second sheet if needed)		
18. Elevation:	19. Remarks:		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. 185</b> Business name <u>Great Bend, KS 67530</u> License No. <u>        </u> Address <u>        </u> Signed <u>OW Clarke</u> Date <u>6-13-79</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5