

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 Pawnee	Fraction W2 1/4 ??? 1/4 NW 1/4	Section number 12	Township number T 23 S	Range number R 15 E						
2. Distance and direction from nearest town or city: 9 1/2 mi. Northeast of Macksville, KS Street address of well location if in city:			3. Owner of well: MX M. D. Pinkston R.R. or street: Route 1 City, state, zip code: Seward, KS 67577								
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> E S 1 Mile</div>									Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. 24 in. Completion date 3-1-76 Well depth 77 ft.						
Top soil			0	3	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						
Sand			3	20	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						
Gray clay & limestone			20	29	9. Casing: Material Steel Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 30.3 lbs./ft. Dia. 16 in. to 40 ft. depth Wall Thickness: inches or Dia. 16 in. to 69 ft. depth gage No. 7 ga.						
Sand, sandstone & clay streaks			29	43	10. Screen: Manufacturer's name Doerr Type Double-slot Dia. 16" Slot gauge 1/8 Length 28' Set between 40 ft. and 60 ft. 69 ft. and 77 ft. Gravel pack? Yes Size range of material 3/8-200						
Sand & gravel			43	58	11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date 1-16-76						
Brown clay			58	68	12. 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.						
Sand & gravel			68	76	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____						
Dakota clay			76	77	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade						
					15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.						
					NONE KNOWN						
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Berkeley Pump Co. Model number 6S2AH5 HP 3 Volts 460 Length of drop pipe 63 ft. capacity 500 g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other						
					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 Great Bend, KS Signed D.W. Clarke Date 4-1-76 Authorized representative						
18. Elevation:	19. Remarks:										
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley											

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

Form WWC-5

23 150 12 Castline NW