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

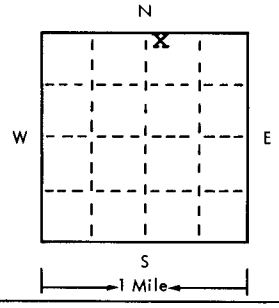
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stafford	Richland	NW¼ of NE¼	21	T24S	R14W

Distance and direction from nearest town or city: 5½ mi. East of Macksville, KS
Street address of well location if in city:

3 Owner of well: Eugene ~~XXXXXX~~ Suiter XW¼
Address: St. John, Kansas

Locate with "X" in section below: Sketch map:



4 Well depth: 108 ft. Date of completion 5-5-75
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. Weight 30.3 lbs./ft.
16 in. to 50 ft. depth Drive shoe? ☐ Yes ☒ No
16 in. to 96 ft. depth

2 Type and color of material	From	To
Top soil	0	4
Gray clay	4	17
Brown clay, sand & lime streaks	17	38
Sand & gravel	38	75
Brown clay, lime & gravel streaks	75	80
Sand & gravel	80	88
Brown & white clay, lime & gravel streaks	88	96
Sand & gravel	96	108
(use a second sheet if needed)		

8 Screen:
Manufacturer Doerr
Type Double-slot Dia. 16"
Slot/gauze 1/8 Length 22'
Set between 50 ft. and 90 ft.
Fittings: 96' & 108' 3/8-200
Gravel pack ☒ Yes ☐ No Size range of material

9 Static water level:
23½ ft. below land surface Date 5-5-75

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:
☐ 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 _____ Date 5-5-75
Authorized representative

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

Form WWC-5

677-H