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

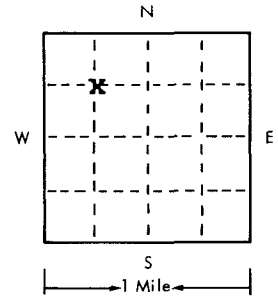
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stafford	Richland	CNW¼	28	T24S	R14W

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

3 Owner of well: Larry Turner
Address: St. John, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 106 ft. Date of completion 4-21-75
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 42 ft. depth Drive shoe? ☐ Yes ☒ No
16 in. to 97 ft. depth

2 Type and color of material	From	To
Sandy clay	0	8
Gray clay	8	16
Sandy clay & white clay	16	26
Sand, gravel & clay streaks 40-55	26	81
Sandy clay	81	98
Sand & gravel	98	105
Cemented sandstone	105	106
(use a second sheet if needed)		

8 Screen:
Manufacturer Doerr
Type Double-slot Dia. 16"
(Slot) gauze 1/8 Length 49'
Set between 42 ft. and 82 ft.
Fittings: 97' & 106'
Gravel pack ☒ Yes ☐ No Size range of material 3/8-200

9 Static water level:
19½ ft. below land surface Date 4-21-75

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
☐ Centrifugal ☐ 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 D.W. Clarke Date 4-21-75
Authorized representative

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

Form WWC-5

677-H