

USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
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WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

County	Stafford	Fraction 1/4 1/4 CNE 1/4	Section number 30	Township number T 25	Range number S R 14			
1. Location of well: Stafford			E W					
2. Distance and direction from nearest town or city: 9½ mi. Southeast of Macksville, KS.			3. Owner of well: Gerald Goodman					
Street address of well location if in city:			R.R. or street: Route 2					
			City, state, zip code St. John, KS 67576					
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map:			6. Bore hole dia. <u>24</u> in. Completion date <u>4-19-76</u> Well depth <u>100</u> ft.		
			7. Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored <u>X</u> Reverse rotary			8. Use: Domestic ___ Public supply ___ Industry <u>X</u> Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other		
			9. Casing: Material <u>Steel</u> Height Above or below Threading _____ Welded <u>x</u> Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>60</u> ft. depth Wall thickness inches or Dia. _____ in. to _____ ft. depth Gage No. <u>7 ga.</u>			10. Screen: Manufacturer's name <u>W. A. Brown</u> <u>Type Double-slot Dia. 16"</u> <u>Slot gauze 1/8 Length 40'</u> Set between <u>60</u> ft. and <u>100</u> ft. Gravel pack? <u>X</u> Size range of material <u>3/8-200</u>		
			11. Static water level: _____ mo./day/yr. <u>5</u> ft. below land surface Date <u>4-16-76</u>			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.		
			13. Water sample submitted: _____ mo./day/yr. Yes <u>X</u> No _____ Date _____			14. Well head completion: Pitless adapter <u>12</u> Inches above grade		
			15. Well grouted? Yes With: <u>X</u> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes _____ X No _____		
17. Pump: Manufacturer's name <u>FMC Corp./Peerless</u> Model number <u>12LB-3</u> HP <u>80</u> Volts _____ Length of drop pipe <u>60</u> ft. capacity <u>900</u> g.p.m. Type: ____ Submersible ____ Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ Other								
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. Clarke Well & Eq. Inc. 185 Business name License No. Address Great Bend, KS 67530 Signed <u>[Signature]</u> Authorized representative Date <u>4-22-</u>		

(Use a second sheet if needed)