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
	Edwards	North Brown	CNW¼	7	T25S	R18W

Distance and direction from nearest town or city: 4 mi. Southeast of Kinsley, KS
Street address of well location if in city:

3 Owner of well: Don Yauk
Address: Kinsley, Kansas

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

N
W X E
S
1 Mile

2 Type and color of material	From	To
Sand	0	15
Sandy clay & sandstone	15	27
Sand, gravel & clay streak at 60'	27	88
Brown clay & limestone	88	95
Sand & gravel	95	112
(use a second sheet if needed)		

4 Well depth: 112' ft. Date of completion 3-6-75
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 52 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

8 Screen:
Manufacturer W. A. Brown
Type Double-slot Dia. 16"
(Slot)/gauze 1/8 Length 60'
Set between 52 ft. and 112 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/8-200

9 Static water level:
30 ft. below land surface Date 3-6-75

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 O. W. Clarke Date 3-6-75
Authorized representative

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

Form WWC-5

677-H