

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

27 5 20 12  
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 <b>Pratt</b>	Township name <b>Logan</b>	Fraction <b>SE 1/4</b>	Section number <b>12</b>	Town number <b>27</b>	Range number <b>12</b>																											
Distance and direction from nearest town or city: <b>5 MI. SW PRESTON, KS</b>				3 Owner of well: <b>Willard B. Thompson</b> Address: <b>616 TARA COURT WICHITA, KS.</b>																													
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>160</b> ft. Date of completion <b>1-6-75</b> Well diameter <b>5</b> in.																													
				5 <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary																													
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Test well <input type="checkbox"/>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td>Top soil + brown clay</td> <td>0</td> <td>9</td> </tr> <tr> <td>Sand, gravel + clay streaks</td> <td>9</td> <td>87</td> </tr> <tr> <td>Brown clay, lime + gravel streaks</td> <td>87</td> <td>95</td> </tr> <tr> <td>Sand + gravel, thin clay streak at 112'</td> <td>95</td> <td>120</td> </tr> <tr> <td>Brown clay + lime streaks</td> <td>120</td> <td>125</td> </tr> <tr> <td>Sand + gravel</td> <td>125</td> <td>151</td> </tr> <tr> <td>Brown clay</td> <td>151</td> <td>160</td> </tr> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </tbody> </table>		2 Type and color of material	From	To	Top soil + brown clay	0	9	Sand, gravel + clay streaks	9	87	Brown clay, lime + gravel streaks	87	95	Sand + gravel, thin clay streak at 112'	95	120	Brown clay + lime streaks	120	125	Sand + gravel	125	151	Brown clay	151	160	(use a second sheet if needed)					7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>100</b> Weight _____ lbs./ft. _____ <b>0</b> in. to _____ ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
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8 Screen: Manufacturer <b>SHOP MADE</b> Type <b>PLASTIC</b> Dia. <b>2 1/2</b> Slot/gauze <b>18</b> Length <b>20</b> Set between <b>100</b> ft. and <b>120</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																																	
9 Static water level: <b>160</b> ft. below land surface Date <b>1-6-75</b>																																	
10 Pumping level below land surfaces: <b>N/C</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																																	
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																	
12 Well head completion: <b>N/A</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade																																	
13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.																																	
14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
16 Remarks: elevation		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																															
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <b>CLARKE WELL &amp; EQ. CO. 185</b> Business name _____ License No. _____ Address <b>GREAT BEND KS.</b> Signature <b>Donna H. Schenk</b> Date <b>1-30-75</b> Authorized representative																															