

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 Kiowa	Township name Wellsford	Fraction NW$\frac{1}{4}$ SW$\frac{1}{4}$	Section number 12	Town number T28S	Range number R16W																											
Distance and direction from nearest town or city: In City of Wellsford				3 Owner of well: Bill McAdoo																													
Street address of well location if in city:				Address: Wellsford, Kansas																													
Locate with "X" in section below: <div style="text-align:center;">N W E S 1 Mile</div>				Sketch map:																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Top soil</td> <td>0</td> <td>3</td> </tr> <tr> <td>Brown & gray clay</td> <td>3</td> <td>83</td> </tr> <tr> <td>Sand & gravel</td> <td>83</td> <td>98</td> </tr> <tr> <td>Brown clay & limestone</td> <td>98</td> <td>122</td> </tr> <tr> <td>Sand & gravel</td> <td>122</td> <td>135</td> </tr> <tr> <td>Brown clay & limestone</td> <td>135</td> <td>140</td> </tr> <tr> <td>Sand & gravel</td> <td>140</td> <td>150</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	0	3	Brown & gray clay	3	83	Sand & gravel	83	98	Brown clay & limestone	98	122	Sand & gravel	122	135	Brown clay & limestone	135	140	Sand & gravel	140	150	(use a second sheet if needed)			4 Well depth: <u>150</u> ft. Date of completion <u>2-21-75</u> Well diameter <u>9</u> in.		
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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 checked="" 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 type="checkbox"/> Test well <input type="checkbox"/>																																	
7 Casing: Material <u>Styrene</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. Weight <u>28.15</u> lb./ft. <u>5</u> in. to <u>130</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth																																	
8 Screen: Manufacturer <u>Jess & Lowell</u> Type <u>styrene 200</u> Dia. <u>5"</u> <u>Slot</u> gauze <u>1/8"</u> Length <u>20'</u> Set between <u>130</u> ft. and <u>150</u> ft. Fittings: <u>3/8"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>																																	
9 Static water level: <u>100</u> ft. below land surface Date <u>2-21-75</u>																																	
10 Pumping level below land surfaces: <u>N/C</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.																																	
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>																																	
12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade																																	
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.																																	
14 Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																	
15 Pump: Manufacturer's name <u>XXXXXXXXXX Berkeley</u> Model number <u>4BL15</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>126</u> ft. capacity <u>15</u> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																																	
16 Remarks: elevation				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. <u>Clarke Well & Eq., Inc.</u> <u>185</u> Business name License No. Address <u>Great Bend, KS</u> Signed <u>DW</u> Date <u>2-21-75</u> Authorized representative																													

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

Form WWC-5