

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

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

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>Gove</b>	Fraction <b>CNE 1/4</b>	Section number <b>21</b>	Town number <b>T29S</b>	Range number <b>R11W</b>
Distance and direction from nearest town or city: <b>5 mi. NE of Isabel, Kansas</b> Street address of well location if in city:				3 Owner of well: <b>Leon Roth</b> Address: <b>Ellinwood, KS</b>		
Locate with "X" in section below: <div style="text-align: center;"> </div>				Sketch map: <div style="text-align: center;"> </div>		
2				4 Well depth: <u>101</u> ft. Date of completion <u>1-20-75</u> Well diameter <u>24</u> in.		
Type and color of material				5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
Top soil				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well		
Brown & white clay & limestone				7 Casing: Material <u>Steel</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. Weight <u>30.3</u> lbs./ft. <u>16</u> in. to <u>61</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Sand & gravel				8 Screen: Manufacturer <u>W. A. Brown</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>slot</u> gauze <u>1/8</u> Length <u>40'</u> Set between <u>61</u> ft. and <u>101</u> ft.		
Gray & white <del>XXX</del> clay				Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8-200</u>		
Sand, gravel & thin clay streaks				9 Static water level: <u>33 1/2</u> ft. below land surface Date <u>1-20-75</u>		
Yellow clay				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.		
Sand, gravel, cemented streak at 71' & thin clay streak at 89'				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>      </u>		
(use a second sheet if needed)				12 Well head completion: <input type="checkbox"/> Pitless adapter <u>1 1/2</u> inches above grade		
(use a second sheet if needed)				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"/> <u>      </u> Depth: From <u>0</u> ft. to <u>10</u> ft.		
(use a second sheet if needed)				14 Nearest source of possible contamination: <u>None Known</u> ft. <u>      </u> Direction <u>      </u> Type <u>      </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(use a second sheet if needed)				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>      </u> Model number <u>      </u> HP <u>      </u> Volts <u>      </u> Length of drop pipe <u>      </u> ft. capacity <u>      </u> 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		
16 Remarks: elevation  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. <u>Clarke Well &amp; Eq., Inc.</u> <u>185</u> Business name <u>Great Bend, KS</u> License No. <u>      </u> Address <u>      </u> Signed <u>      </u> Date <u>2-28-75</u> Authorized representative		

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

Form WWC-5