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

TROUT CR

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

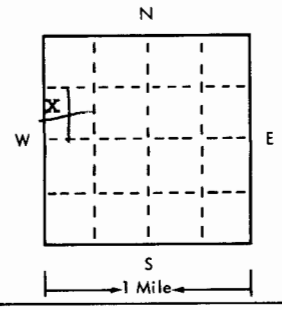
BCB

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Clark		NW/4 SW/4 , NW4	22	34 S	21 W

X Distance and direction from nearest town or city:
X 6½ S., 3 East of Sitka
Street address of well location if in city:

3 Owner of well: Rains & Williamson Drilling Co. (Barby Lease)
Address: Wichita, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 72 ft. Date of completion 8-29-75
Well diameter 9 7/8 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 ☒ oil field supply

X Casing: Material RMP Weight: above/below XXXX
Threaded ☐ Welded ☒ Surface 6 in.
Diam. Weight 220 lbs./ft. 100
5 in. to 60 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top=soil	0	3
Med. to lar. sand	3	25
Limestone & Caliche	25	32
Fine sand	32	(72)
BROCK 72		
12		
60 sat thk.		
In Alluvium		
(use a second sheet if needed)		

8 Screen:
Manufacturer Jess & Lowell
Type RMP Dia. 5"
Slot/gauze 1/8" Length 30'
Set between 30' ft. and 60 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4"

9 Static water level:
12 ft. below land surface Date 8/29/75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 50 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 50' Direction E Type oil rig
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: Not available ☐ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type: Not available
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

TOPO

1766
72
1694

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.
Friesen Windmill 252
Business name License No.
Address Meade, Kansas 67864
Signed [signature] Date 9-9-75
Authorized representative

34 21 W 22 NWNW

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

Form WWC-5

677-H