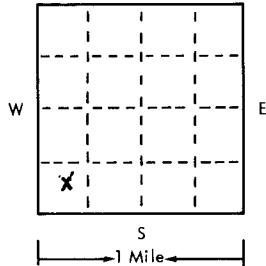


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Ellsworth</u>	Township name	Fraction <u>SW SW</u>	Section number <u>12</u>	Town number <u>14S</u>	Range number <u>7W</u>																														
Distance and direction from nearest town or city: <u>12 NE</u>				3 Owner of well: <u>Kenneth Helwick</u>																																
Street address of well location if in city: <u>Ellsworth, Kans</u>				Address: <u>702 Blake Ellsworth, Kan</u>																																
Locate with "X" in section below: N  S 1 Mile				Sketch map:																																
2 Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Top Soil-Clay</u></td> <td><u>0</u></td> <td><u>300</u></td> </tr> <tr> <td><u>Sand Rock-Clay</u></td> <td><u>300</u></td> <td><u>330</u></td> </tr> <tr> <td><u>Sand Rock</u></td> <td><u>330</u></td> <td><u>367</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Type and color of material	From	To	<u>Top Soil-Clay</u>	<u>0</u>	<u>300</u>	<u>Sand Rock-Clay</u>	<u>300</u>	<u>330</u>	<u>Sand Rock</u>	<u>330</u>	<u>367</u>																			4 Well depth: <u>367</u> ft. Date of completion <u>4-10-75</u> Well diameter <u>8</u> in.		
				Type and color of material	From	To																														
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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>PVC</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>367</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth																																				
8 Screen: Manufacturer <u>MP1</u> Type <u>PVC</u> Dia. <u>6"</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>344</u> ft. and <u>367</u> ft. Fittings: <u>1/8-3/4"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																																				
9 Static water level: <u>240</u> ft. below land surface Date <u>4-10-75</u>																																				
10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.																																				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																				
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <u>12</u>																																				
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: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																				
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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 checked="" 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>Kelly's Water Well Serv</u> Business name _____ License No. _____ Address <u>R 2 Great Bend, KS</u> Signed <u>Kelly Price</u> Date <u>4-21-75</u> Authorized representative																																

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

Form WWC-5