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

BDA

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Ness	Center	NE SE NW ~~SE¼ NE¼~~	Brown Addition 24	## 18S	24W

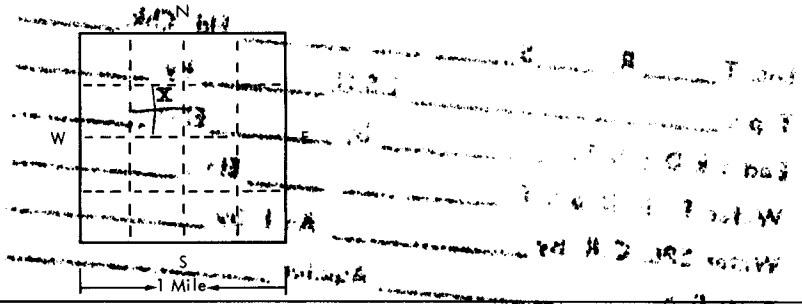
Distance and direction from nearest town or city: in City

Street address of well location if in city: Crecent# Drive

3 Owner of well: Jim Fritzler

Address: Ness City, Ks. 67560

Locate with "X" in section below: Sketch map:



2 Type and color of material	From	To
Clay	0	20
Clay, sand		
streaks, shale at 38'	20	40
BROCK 38'		
8' salt thick		
Alluvium		
(use a second sheet if needed)		

4 Well depth: 40 ft. Date of completion 5-20-75
Well diameter 7 3/4 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 ☐

7 Casing: Material Plastic Height: above/below Surface ___ in.
Threaded ☐ Welded ☒ Weight 250 lbs./ft.
Diam. 5
0 in. to 40 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

8 Screen Dealer: W A Brown Enterprises
Manufacturer
Type Plastic Dia. 5"
Slot/gauze Length 1/16 x 1½
Set between 30 ft. and 40ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/16

9 Static water level:
30 ft. below land surface Date 5-20-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 20 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 ☒ clay
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: NA
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☐ Yes ☐ No

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

16 Remarks: elevation

2283
38
2245

Topography:
☐ Hill
☒ Slope
☐ Upland
☐ Valley

High

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.
Business name High Plains Drilling & Supply, Inc License No. 136
Address 402 N 3rd, Garden City, Ks
Signed Wesley G Darkness Date 6-18-75
Secretary-Treasurer
Authorized representative

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

Form WWC-5

677-H