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

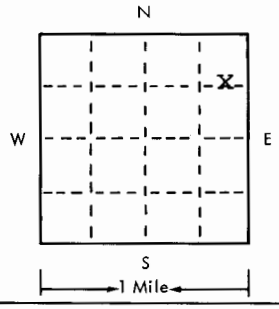
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Rice	Victoria	NE¼ of NE¼	36	T18S	R8W

Distance and direction from nearest town or city: 9 mi. Northeast of Lyons, Kansas
Street address of well location if in city:

3 Owner of well: Arnold Rose
Address: Concordia, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 160 ft. Date of completion 3-29-75
Well diameter 9 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 Styrene Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 1.5 lbs./ft.
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
Brown & red clay	3	25
Broken limestone	25	27
Sandstone	27	32
Dakota clay & sandstone	32	52
Dakota clay	52	70
Dakota clay & sandstone streaks	70	80
Sandstone & Dakota clay streaks	80	128
Very hard sandstone	128	129
Sandstone & Dakota clay streaks	129	160
(use a second sheet if needed)		

8 Screen:
Manufacturer Jess & Lowell
Type Styrene 200 Dia. 5"
Slot gauze 1/8 Length 100'
Set between 60 ft. and 160 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/8-200

9 Static water level:
70 ft. below land surface Date 3-29-75

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

11 Water sample submitted:
☐ Yes ☒ No Date ___

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

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

14 Nearest source of possible contamination: NONE KNOWN
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

Topography:
☐ Hill
☐ Slope
☐ Upland
☐ 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.
Clarke Well & Eq., Inc. 185
Business name License No.
Address GreatBend, KS
Signed O. W. Clarke Date 3-29-75
Authorized representative

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

Form WWC-5