

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

Proffitt #1

1 Location of well:	County <i>Rice</i>	Township name	Fraction <i>CNE 1/4 NW 1/4</i>	Section number <i>20</i>	Town number <i>T19S</i>	Range number <i>R9W</i>
Distance and direction from nearest town or city: <i>Chase 2 1/2 north 1/2 east.</i>			3 Owner of well: <i>Duke Dulling Co Great Bend KS Proffitt #1</i>			
Street address of well location if in city:			Address:			
Locate with "X" in section below:		Sketch map:				
N						
W						
S						
1 Mile						
2	Type and color of material			From	To	
	<i>Clay</i>			<i>0</i>	<i>25</i>	
	<i>Gravel</i>			<i>25</i>	<i>33</i>	
	<i>Clay</i>			<i>33</i>	<i>55</i>	
	<i>Clay Sand Rock</i>			<i>55</i>	<i>78</i>	
	<i>clay</i>			<i>78</i>	<i>80</i>	
4 Well depth: <i>80</i> ft. Date of completion <i>1-20-75</i>						
Well diameter <i>4</i> in. <i>7 7/8</i>						
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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>oil field</i>						
7 Casing: Material <i>Plastic</i> Height: Above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Dia. <i>4</i> in. to <i>80</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight <i>125</i> lbs./ft. <i>100</i> — in. to — ft. depth!						
8 Screen: Manufacturer: <i>Jess & Lowell</i> Type <i>Plastic RMP</i> Dia. <i>4 in.</i> Slot/gauze <i>1/8</i> Length <i>20'</i> Set between <i>58</i> ft. and <i>78</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>18-1/4</i>						
9 Static water level: <i>11</i> ft. below land surface Date <i>1-20-75</i>						
10 Pumping level below land surfaces: — ft. after — hrs. pumping — g.p.m. — ft. after — hrs. pumping — g.p.m. Estimated maximum yield — g.p.m.						
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <i>1-20-75</i>						
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <i>12</i> Inches above grade						
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite Depth: From <i>0</i> ft. to <i>10</i> ft.						
14 Nearest source of possible contamination: <i>oil well</i> ft. <i>100</i> Direction <i>West</i> Type <i>Well</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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.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						
(use a second sheet if needed)						
16 Remarks: elevation				17 Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Myers Water Well 143</i> Business name License No. Address <i>Great Bend KS</i> Signed <i>Robert A. Myers</i> Date <i>1-20-75</i> Authorized representative		

19 9W 20 C NE NW