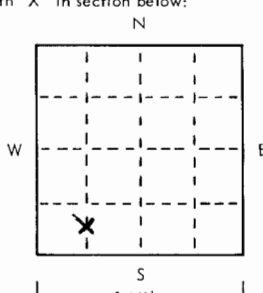


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Barton	Township name Comanche	Fraction SW 1/4 of S 1/2	Section number 2	Town number T 20 S	Range number R 12 W
Distance and direction from nearest town or city: 3 mi. Southwest of Ellinwood, KS Street address of well location if in city:				3 Owner of well: Dallas & Dennis DeWerff Address: Ellinwood, Kansas		
Locate with "X" in section below: 				Sketch map:		
2				4 Well depth: 50 ft. Date of completion 2-14-75 Well diameter 24" in.		
Type and color of material				5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary		
Top soil				6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐		
Gravel, gray clay streak at 15' & brown clay streak at 32'				7 Casing: Material Steel Height: above below Threaded ☐ Welded ☒ Surface 12 in. Diam. 0 in. to 20 ft. depth! Drive shoe? ☐ Yes ☒ No 0 in. to 20 ft. depth!		
				8 Screen: Manufacturer Doerr Type Double-slot Dia. 16" Slot gauze 1/8 Length 30' Set between 20 ft. and 50 ft. Fittings: 3/8-200 Gravel pack ☒ Yes ☐ No Size range of material		
				9 Static water level: 6 ft. below land surface Date 2-14-75		
				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: XXX ☐ 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: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ☐ Yes ☒ No		
(use a second sheet if needed)				15 Pump: ☒ Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ 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 Great Bend, KS Signed J. D. Clarke Date 2-14-75 Authorized representative		

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

Form WWC-5