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
	Barton		SW NW	15	20S	14W

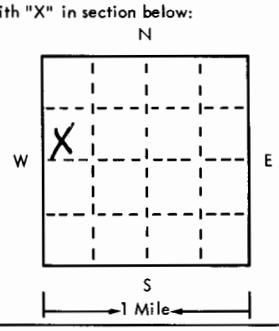
Distance and direction from nearest town or city: 1¼ E

Street address of well location if in city: Dundee, Ks

3 Owner of well: Bennie Dills

Address: Rt. 1 Great Bend, KS

Locate with "X" in section below:



Sketch map:

4 Well depth: 55 ft. Date of completion 6-2-75
Well diameter 7 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 PVC Height: (above) below
Threaded ☐ Welded ☐ Surface +12 in.
Diam. Weight _____ lbs./ft.
3 in. to 55 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil-Clay	0	3
Sand-Gravel	3	30
Clay	30	35
Sand-Gravel	35	55

8 Screen:
Manufacturer Peerless
Type PVC Dia. 3"
Slot/gauze 1/8" Length 20'
Set between 35 ft. and 55 ft.
Fittings: 1/8-3/4"
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
5 ft. below land surface Date 6-2-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 60 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion: 12
☐ Pitless adapter ☒ 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. 70 Direction N Type Septic Tank
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

(use a second sheet if needed)

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.
Business name Kelly's Water Well Serv License No. 186
Address R 2 Great Bend, KS
Signed Kelly Shire Date 6-16-75
Authorized representative

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

Form WWC-5

677-H