

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<br><b>Barton</b> | Township name | Fraction<br><b>SENE</b> | Section number<br><b>16</b>                                                                                                                                                                                                                                                                                                                                          | Town number<br><b>20S</b> | Range number<br><b>14W</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Distance and direction from nearest town or city:<br><b>1 1/4 E</b><br>Street address of well location if in city:<br><b>Dundee, KS</b>                                                      |                         |               |                         | 3 Owner of well:<br><b>Ronald Rowe</b><br>Address:<br><b>R1 Great Bend, KS</b>                                                                                                                                                                                                                                                                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Locate with "X" in section below:<br>N<br>W E<br>S<br>1 Mile                                                                                                                                 |                         |               |                         | 4 Well depth: <b>50</b> ft. Date of completion <b>6-2-75</b><br>Well diameter <b>7</b> in.                                                                                                                                                                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2 Type and color of material                                                                                                                                                                 |                         |               |                         | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                              |                         |               |                         | 6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well                                                                              |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                              |                         |               |                         | 7 Casing: Material <b>PVC</b> Height: <b>above</b> below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>Diam. <b>4</b> in. to <b>50</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>4</b> in. to <b>50</b> ft. depth                                              |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                              |                         |               |                         | 8 Screen:<br>Manufacturer <b>MPI</b><br>Type <b>PVC</b> Dia. <b>4"</b><br>Slot/gauze <b>1/8"</b> Length <b>20"</b><br>Set between <b>30</b> ft. and <b>50</b> ft.<br>Fittings: <b>1/8-3/4"</b><br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material                                                             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Top Soil - Clay                                                                                                                                                                              |                         |               |                         | From                                                                                                                                                                                                                                                                                                                                                                 | To                        | 9 Static water level:<br><b>8</b> ft. below land surface Date <b>6-2-75</b>                                                                                                                                                                                                                                                                                                                                                                             |
| Sand - Gravel                                                                                                                                                                                |                         |               |                         | <b>6</b>                                                                                                                                                                                                                                                                                                                                                             | <b>27</b>                 | 10 Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield <b>50</b> g.p.m.                                                                                                                                                                                                                                                                       |
| Clay                                                                                                                                                                                         |                         |               |                         | <b>27</b>                                                                                                                                                                                                                                                                                                                                                            | <b>30</b>                 | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date                                                                                                                                                                                                                                                                                                                                                  |
| Sand - Gravel                                                                                                                                                                                |                         |               |                         | <b>30</b>                                                                                                                                                                                                                                                                                                                                                            | <b>50</b>                 | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>12</b> Inches above grade                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                              |                         |               |                         |                                                                                                                                                                                                                                                                                                                                                                      |                           | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/><br>Depth: From <b>0</b> ft. to <b>10</b> ft.                                                                                                                                                                                                        |
|                                                                                                                                                                                              |                         |               |                         |                                                                                                                                                                                                                                                                                                                                                                      |                           | 14 Nearest source of possible contamination:<br>ft. <b>60</b> Direction <b>SE</b> Type <b>Septic Tank</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                      |
|                                                                                                                                                                                              |                         |               |                         |                                                                                                                                                                                                                                                                                                                                                                      |                           | 15 Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name <b>Goulds</b><br>Model number <b>88</b> HP <b>3/4</b> Volts <b>130</b><br>Length of drop pipe <b>20</b> ft. capacity <b>15</b> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
| (use a second sheet if needed)                                                                                                                                                               |                         |               |                         |                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 16 Remarks: elevation<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley |                         |               |                         | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Kelly's Water Well Serv</b> License No. <b>186</b><br>Business name <b>R2 Great Bend, KS</b><br>Address <b>Kelly Price</b> Date <b>6-10-75</b><br>Signed <b>Kelly Price</b> Authorized representative |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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

Form WWC-5