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 | | NE-SW-NE | 36 | 20 | 9W |

Distance and direction from nearest town or city: 2 north 1½ east of Alden

Street address of well location if in city:

3 Owner of well: Duke Drilling Co Great Bend Ks

Address: Oden #1

Locate with "X" in section below: Sketch map:

N, W, E, S, 1 Mile

4 Well depth: 45 ft. Date of completion 1-28-75
Well diameter 5 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 ☒ oil field

7 Casing: Material Plastic Height: above/below
Threaded ☐ Welded ☒ Surface 2 in.
Diam. 2 in. to 45 ft. depth Weight 42 lbs./ft 100
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

| 2 Type and color of material | From | To |
|---|---|---|
| Clay | 0 | 8 |
| Sand | 8 | 30 |
| Gravel | 30 | 45 |
| (use a second sheet if needed) | | |

8 Screen:
Manufacturer Jens + Lowell
Type OPMM Dia. 2
Slot/gauze 5 Length 10
Set between 35 ft. and 45 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8-1/4

9 Static water level:
14 ft. below land surface Date 1-28-75

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:
☐ 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:
ft. 100 Direction east Type Salt Water
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.
Myers Water Well 143
Business name License No.
Address Great Bend Ks
Signed Sylvester Myers Date 1-28-75
(Authorized representative)

20 9W 36 NESW NE

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

Form WWC-5