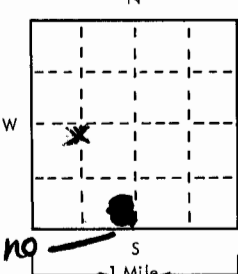


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>Rice</b>	Township name <b>Valley</b>	Fraction <u>NE</u> of SW	Section number <b>28</b>	Town number <b>T21S</b>	Range number <b>R9W</b>
Distance and direction from nearest town or city: <b>5 mi. South of Alden, Kansas</b> Street address of well location if in city:				3 Owner of well: <b>R. G. Wellman</b> Address: <b>Alden, Kansas</b>		
Locate with "X" in section below: N  W E				Sketch map: <b>NOTE: Six identical wells completed in same area for Manifold hookup. One form filed for all x six wells.</b>		4 Well depth: <u>22</u> ft. Date of completion <u>6-26-75</u> Well diameter <u>24</u> in.
2 Type and color of material				From	To	5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary
						6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
						7 Casing: Material <u>Steel</u> Height: (above/below) _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight <u>30.3</u> lbs./ft. _____ <u>16</u> in. to <u>10</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
						8 Screen: Manufacturer <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>1/8</u> Slot gauze Length <u>12'</u> Set between <u>10</u> ft. and <u>22</u> ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8-200</u>
						9 Static water level: <u>4</u> ft. below land surface Date <u>6-26-75</u>
						10 Pumping level below land surfaces: <b>N/C</b> _____ 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 _____
						12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>NONE KNOWN</b>		
				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		
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley  (use a second sheet if needed)				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. <b>Clarke Well &amp; Eq., Inc. 185</b> Business name License No. Address <u>Great Bend, KS</u> Signed <u>[Signature]</u> Date <u>6-26-75</u> Authorized representative		