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

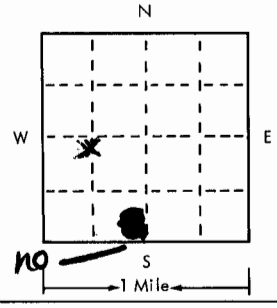
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| 1 Location of well: | County | Township name | Fraction | Section number | Town number | Range number |
|---|---|---|---|---|---|---|
| | Rice | Valley | NE of SW | 28 | T21S | R9W |

Distance and direction from nearest town or city: 5 mi. South of Alden, Kansas
Street address of well location if in city:

3 Owner of well: R. G. Wellman
Address: Alden, Kansas

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




no

NOTE: Six identical wells completed in same area for Manifold hookup. One form filed for all six wells.

4 Well depth: 22 ft. Date of completion 6-26-75
Well diameter 24 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 Steel Height: (above)/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 30.3 lbs./ft.
16 in. to 10 ft. depth Drive shoe? ☐ Yes ☒ No
in. to ft. depth

8 Screen:
Manufacturer Doerr
Type Double-slot Dia. 16"
(Slot)/gauze 1/8 Length 12'
Set between 10 ft. and 22 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/8-200

| 2 Type and color of material | From | To |
|---|---|---|
| Top soil | 0 | 3 |
| Gray clay | 3 | 9 |
| Sand & gravel | 9 | 22 |
| | | |
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| | | |
| | | |
| | | |
| (use a second sheet if needed) | | |

9 Static water level:
4 ft. below land surface Date 6-26-75

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:
☐ 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: NONE KNOWN
ft. Direction Type
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.
Clarke Well & Eq., Inc. 185
Business name License No.
Address Great Bend, KS
Signed Authorized representative Date 6-26-75

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

Form WWC-5

677-H