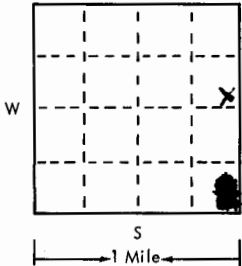


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Rice	Township name Valley	Fraction SE of NE	Section number 29	Town number T21S	Range number R9W
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: Address:			
4 1/2 mi. South of Alden, Kansas Locate with "X" in section below: 			Sketch map: NOTE: Six identical wells completed in same area for Manifold X hookup. One form filed for all six wells.			4 Well depth: <u>25</u> ft. Date of completion <u>6-30-75</u> Well diameter <u>24</u> in.
2			Type and color of material			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
Top soil			From 0 To 3			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
Gray clay			From 3 To 15			7 Casing: Material <u>Steel</u> Height: <u>above</u> 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>15</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sand & gravel			From 15 To 25			8 Screen: Manufacturer <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot gauge <u>1/8</u> Length <u>10'</u> Set between <u>15</u> ft. and <u>25</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8</u>
						9 Static water level: <u>8</u> ft. below land surface Date <u>6-30-75</u>
						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: <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 _____ 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
						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						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. <u>Clarke Well & Eq., Inc.</u> <u>185</u> Business name _____ License No. _____ Address <u>XXXXXX Great Bend, KS</u> Signed <u>[Signature]</u> Date <u>6-30-75</u> Authorized representative
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5