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 | SE of NE | 29 | T21S | ~~KSW~~ R9W |

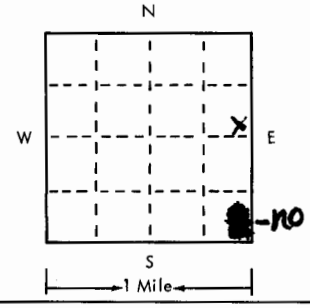
Distance and direction from nearest town or city: 4½ mi. South of Alden, Kansas

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:

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

4 Well depth: 25 ft. Date of completion 6-30-75
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 15 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2

| Type and color of material | From | To |
|---|---|---|
| Top soil | 0 | 3 |
| Gray clay | 3 | 15 |
| Sand & gravel | 15 | 25 |
| | | |
| | | |
| | | |
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| | | |
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| | | |
| | | |
| | | |
| (use a second sheet if needed) | | |

8 Screen:
Manufacturer Doerr
Type Double-slot Dia. 16"
Slot gauze 1/8 Length 10'
Set between 15 ft. and 25 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 3/8-200

9 Static water level:
8 ft. below land surface Date 6-30-75

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 ~~XXXXXX~~ Great Bend, KS
Signed [signature] Date 6-30-75
Authorized representative

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

Form WWC-5

677-H