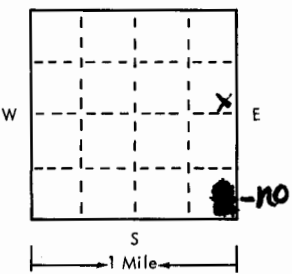


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 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: 4 1/2 mi. South of Alden, Kansas			3 Owner of well: R. G. Wellman Address: Alden, Kansas																																	
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: NOTE: Six identical wells completed in same area for Manifold 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 <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:80%;"></th><th style="width:10%;">From</th><th style="width:10%;">To</th></tr></thead><tbody><tr><td>Top soil</td><td>0</td><td>3</td></tr><tr><td>Gray clay</td><td>3</td><td>15</td></tr><tr><td>Sand & gravel</td><td>15</td><td>25</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			From	To	Top soil	0	3	Gray clay	3	15	Sand & gravel	15	25																			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" 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"/> _____		
			From	To																																
		Top soil	0	3																																
		Gray clay	3	15																																
		Sand & gravel	15	25																																
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 _____ in. to _____ ft. depth!																																				
8 Screen: Manufacturer <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>Slot</u> 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> -200																																				
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 <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																																				
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		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 <u>R. G. Wellman</u> Date <u>6-30-75</u> Authorized representative																																		
(use a second sheet if needed)																																				