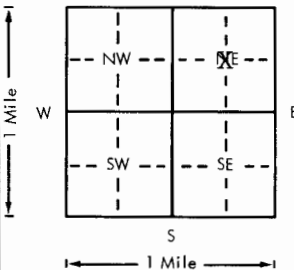


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well:	County Rice	Fraction Center of 1/4 1/4 NE 1/4	Section number 4	Township number T 21 S R	Range number 9 EW
2. Distance and direction from nearest town or city: 1 mile North of Alden, KS Street address of well location if in city:			3. Owner of well: Ron Langel R.R. or street: Rural Route City, state, zip code: Alden, KS 67512		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>24</u> in. Completion date <u>12-15-78</u> Well depth <u>56</u> ft.
Top soil			0	2	7. <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
Brown & gray clay			2	13	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Sand & gravel			13	55	9. Casing: Material <u>steel</u> Height: <u>above or below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>26</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>26</u> ft. depth gage No. <u>7 ga.</u>
Red Shale			55	56	10. Screen: Manufacturer's name <u>B-Brown</u> <u>Sc-"V" Wire</u> <u>C-Cook</u> <u>B-Double Slot</u> Dia. <u>16"</u> Type <u>B</u> Slot gauze <u>1/8"</u> Length <u>B-10' C-20'</u> Set between <u>B 26</u> ft. and <u>36</u> ft. <u>C 36</u> ft. and <u>56</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>
					11. Static water level: <u>13.8</u> ft. below land surface Date <u>12-15-78</u> mo./day/yr.
					12. Pumping level below land surfaces: <u>N/C</u> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.
					13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
					14. Well head completion: <u>12</u> Inches above grade <input type="checkbox"/> Pitless adapter
					15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: <u>FIELD</u> ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes <input checked="" type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ 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
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: Holding for pump installation - No pump installed as of this date.		20. 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 <u>Great Bend, KS 67530</u> License No. ____ Address <u>3-16-79</u> Date <u>1/4 1/4 1/4</u> Signed <u>[Signature]</u> Authorized representative		

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5