

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 <u>Rice</u>   |  | Fraction <u>NW 1/4 SE 1/4 NW 1/4</u> |  | Section number <u>14</u>   |  | Township number <u>21 N 31 W</u> |  | Range number <u>15 E</u> |  |
| 2. Distance and direction from nearest town or city: <u>1 mile East Alder 1 1/4 mile South.</u><br>Street address of well location if in city:                  |  |                                      |  | 3. Owner of well: <u>B-N Dclg.</u><br>R.R. or street: <u>1021 Walnut</u><br>City, state, zip code: <u>Great Bend, KS 67530</u>   |  |                                  |  |                          |  |
| 4. Locate with "X" in section below: Sketch map:  |  |                                      |  | 6. Bore hole dia. <u>4</u> in. Completion date <u>10-13-78</u><br>Well depth <u>32</u> ft.   |  |                                  |  |                          |  |
|   |  |                                      |  | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary  |  |                                  |  |                          |  |
|   |  |                                      |  | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other   |  |                                  |  |                          |  |
| 5. Type and color of material   |  |                                      |  | 9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>278-3</u> lbs./ft.<br>Dia. <u>5</u> in. to <u>32</u> ft. depth Wall Thickness: inches or<br>Dia. <u>5</u> in. to <u>32</u> ft. depth gage No. <u>200-265</u>                       |  |                                  |  |                          |  |
|   |  |                                      |  | 10. Screen: Manufacturer's name <u>Peerless Mfg</u><br>Type <u>SAP</u> Dia. <u>5</u><br>Slot/gauze <u>1/8</u> Length <u>20</u><br>Set between <u>32</u> ft. and <u>12</u> ft.<br>Gravel pack? <u>yes</u> range of material <u>4-4 1/2</u>  |  |                                  |  |                          |  |
|   |  |                                      |  | 11. Static water level: <u>5</u> ft. below land surface Date <u>10-13-78</u> mo./day/yr.   |  |                                  |  |                          |  |
|   |  |                                      |  | 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.  |  |                                  |  |                          |  |
|   |  |                                      |  | 13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date ____ mo./day/yr.  |  |                                  |  |                          |  |
|   |  |                                      |  | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade  |  |                                  |  |                          |  |
|   |  |                                      |  | 15. Well grouted? <u>yes</u><br>With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <u>0</u> ft. to <u>12</u> ft.  |  |                                  |  |                          |  |
|   |  |                                      |  | 16. Nearest source of possible contamination: ____ ft. ____ Direction ____ Type <u>none</u><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                  |  |                          |  |
|   |  |                                      |  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |                                  |  |                          |  |
|   |  |                                      |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Myers Water Well 143</u><br>Business name License No. ____<br>Address <u>Great Bend KS</u><br>Signed <u>Lloyd Rosendall</u> Date <u>11-13-78</u><br>Authorized representative  |  |                                  |  |                          |  |
| 18. Elevation:  |  | 19. Remarks:                         |  |  |  |                                  |  |                          |  |
| Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  |                                      |  |  |  |                                  |  |                          |  |

21-90-14 NWSE NW  
 T 21 N R 15 E Sec 14

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

Form WWC-5