

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<br><b>Rice</b> | Fraction<br><b>SE 1/4 SE 1/4 SW 1/4</b> | Section number<br><b>30</b>  | Township number<br><b>T 21 S R 9 E W</b>   | Range number |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:  |                       |   | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:   |  |              |
| 4. Locate with "X" in section below:<br>Sketch map:  |                       |   | 6. Bore hole dia. <b>40-11</b> in. Completion date <b>10/26/77</b><br>Well depth _____ ft.   |  |              |
|  |                       |   | 7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary   |  |              |
|  |                       |   | 8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other   |  |              |
| 5. Type and color of material  |                       |   | 9. Casing: Material <b>Styrene</b> Height: <b>Above</b> or below<br>Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>2</b> in.<br>RMP _____ PVC _____ Weight <b>1.5</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>40</b> ft. depth Wall Thickness _____ inches or<br>Dia. _____ in. to _____ ft. depth gage No. <b>200#</b>  |  |              |
|  |                       |   | 10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b><br>Type <b>Styrene 200</b> Dia. <b>5</b><br>Slot/auze <b>10</b> Length <b>40</b><br>Set between <b>30</b> ft. and <b>40</b> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>3/8-200</b>  |  |              |
| Top soil   |                       |   | 11. Static water level:<br><b>20</b> ft. below land surface Date <b>10/26/77</b> mo./day/yr.   |  |              |
| Brown clay   |                       |   | 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.   |  |              |
| Sand and gravel  |                       |   | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No _____ Date _____   |  |              |
| Yellow clay  |                       |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade   |  |              |
|  |                       |   | 15. Well grouted? <b>yes</b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From _____ ft. to <b>10</b> ft.   |  |              |
|  |                       |   | 16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type <b>FIELD</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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 |  |              |
| (Use a second sheet if needed)   |                       |   |  |  |              |
| 18. Elevation:   |                       | 19. Remarks:                            |  | 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><b>Clarke Well &amp; Eq., Inc. 185</b><br>Business name _____ License No. _____<br>Address <b>Great Bend, KS</b><br>Signed <b>[Signature]</b> Date <b>10/27/77</b><br>Authorized representative |              |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                       |   |  |  |              |

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

Form WWC-5

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