

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>1/4 1/4 CNE1/4</u>	Section number <u>31</u>	Township number <u>T 21 S R 9</u>	Range number <u>E W</u>
2. Distance and direction from nearest town or city: <u>5 miles Southwest of Alden, KS</u> Street address of well location if in city:			3. Owner of well: <u>R. G. Wellman</u> R.R. or street: <u>Rural Route</u> City, state, zip code: <u>Alden, KS 67512</u>		
4. Locate with "X" in section below: Sketch map: <div style="text-align: center;"> </div>			6. Bore hole dia <u>24</u> in. Completion date <u>5-24-77</u> Well depth <u>75</u> ft.		
5. Type and color of material			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		
			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		
			9. Casing: Material <u>Steel</u> Height <u>Above</u> or below 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>35</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>7 ga.</u>		
			10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot/gauze <u>1/8</u> Length <u>40'</u> Set between <u>35</u> ft. and <u>75</u> ft. <u>ft.</u> and <u>ft.</u> Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>3/8-200</u>		
			11. Static water level: <u>13' 6"</u> ft. below land surface Date <u>3-8-77</u> mo./day/yr.		
12. Pumping level below land surfaces: <u>N/C</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>g.p.m.</u>					
13. Water sample submitted: <u>mo./day/yr.</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>3-8-77</u>					
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade					
15. Well grouted? <input checked="" type="checkbox"/> YES 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. <u>ft.</u> Direction <u>ft.</u> Type <u>ft.</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Peerless Pump</u> Model number <u>12LB-3</u> HP <u>90</u> Volts <u>---</u> Length of drop pipe <u>60</u> ft. capacity <u>900</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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:		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. <u>Clarke Well & Eq., Inc. 185</u> Business name License No. Address <u>Great Bend, KS 67530</u> Signed <u>[Signature]</u> Date <u>5-27-77</u> Authorized representative		

T 21 - 90 31 - 1/4 1/4 CNE

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

Form WWC-5