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

WATER WELL RECORD
KSA 82a-1201-1215

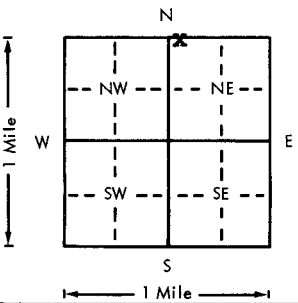
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Rice	1/4 NW 1/4 NE 1/4	31	T 21 S	R 9 E/W

2. Distance and direction from nearest town or city: 15-8½W
3 miles Southwest of Sterling, KS
Street address of well location if in city:

3. Owner of well: R. G. Wellman
R.R. or street: Route 1
City, state, zip code: Alden, KS 67512

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 5 in. Completion date 9-22-76
Well depth 41 ft.

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored X Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material plastic Weight Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC ___ Weight [redacted].5 lbs./ft.
Dia. 2 in. to 31 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .091

5. Type and color of material	From	To
sandy top soil	0	4 [redacted]
gray clay	4	11
sandy clay & sand	11	21
sand & gravel	21	40

(Use a second sheet if needed)

10. Screen: Manufacturer's name Doerr
Type Double-slot Dia. 2"
Slot/gauze 1/8" Length 10'
Set between 31 ft. and 41 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
19' ft. below land surface Date 9-22-76

12. Pumping level below land surfaces: N/C
___ 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.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: NONE KNOWN
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: X Not installed
Manufacturer's name
Model number HP Volts
Length of drop pipe ft. capacity g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
__ Hill
__ Slope
__ Upland
__ 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.
Clarke Well & Equipment, Inc. License No. 185
Business name
Address Great Bend, KS 67530
Signed [signature] Date 9-27-76
Authorized representative

21 — 9 E/W 31 NWNE
T R Sec 1/4 1/4 1/4

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

Form WWC-5

MI-1023