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

WATER WELL RECORD KSA 82a-1201-1215

| Щ. | | | | |
|----|---|----|---------|-------------|
| T | R | EW | sec 1/4 | 1/4 1/4 No. |

Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620

| 1 Location of well: | County | Township name | Fraction | Section number | | Town number | | Range number | | | |
|---|---------------------------------------|----------------------------|----------|----------------|------|-------------|---|---|---|--|--|
| | Rice | Valley | SEKNW4 | | 34 | | T215 | | R9W | | |
| Distance and direction from nearest town or city: 4 mi. So. Alden 3 Owner of well: Green | | | | | | | eg Wellman den, Kansas | | | | |
| | | | | | | | | | | | |
| Locate with "X" in section below: Sketch map: | | | | | | | 4 Well depth: $\frac{30}{9}$ ft. Date of completion $\frac{2-12}{9}$ 7. Well diameter $\frac{9}{9}$ in. | | | | |
| W | | | | | | | 5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well 7 Casing: Material VYCI Reight: bove below Threaded Welded Surface 12 in. | | | | |
| S 1 Mile | | | | | | | Diam. Weight 1.5 lbs./ft | | | | |
| 2 Type and color of material | | | | | From | То | | | | | |
| Sandy top soil | | | | | 0 | 3 | | | | | |
| Brown clay | | | | | 3 | 18 | | | | | |
| Sand & Gravel | | | | 18_ | 30 | | | | | | |
| | | | | | | 9 Sta | tic water level: _6_ft. below land surface | i | | | |
| | | | | | | | 10 Pur | nping level below land surf | aces: N/C | | |
| | | | | | | | | ft. after hrs. pumping ft. after hrs. pumping Estimated maximum yield g.p.m. | | | |
| | | | | | | | 11 Wa | ter sample submitted: Yes No Date | | | |
| | | | | | | | 12 We | II head completion: 12 | | | |
| | | | | | | | 13 We | | □ No | | |
| | | | | | - | | 14 Ne | tramination: LOWH Type tion? Yes No | | | |
| | | | | | | | 15 Pur Mo | np: | Not installed | | |
| | | | | | | | | odel number H ngth of drop pipe ft | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | Turbine | | |
| | (USG | e a second sheet if needed |) | | | | 1 = | Jet Certrifugal | Reciprocating Other | | |
| 16 Remarks: eleva Topography: | tion | | | | | | Thi rep Cl <u>a</u> Bus | ter well contractor's certific s well was drilled under my cort is true to the best of my price Well & Equations and the contraction of the contra | v jurisdiction and this v knowledge and belief. | | |
| | | | | | | | Address Great Bend, KS Stend Date 2-14-75 Authorized representative | | | | |

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5