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 **Morton**	Fraction **NE 1/4 NE 1/4 NE 1/4**	Section number **12**	Township number T **32** S	Range number R **41** E/**W**

2. Distance and direction from nearest town or city:
2½ E 1½ N of Richfield, KS
Street address of well location if in city:

3. Owner of well: Eldon Dunn
R.R. or street: R.R.
City, state, zip code: Richfield, Kansas 67953

4. Locate with "X" in section below: Sketch map:

N

NW — NE ✕
W — E
SW — SE

S

← 1 Mile →

1 Mile

6. Bore hole dia. _9_ in. Completion date
Well depth **260** ft. **10/12/76**

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

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

9. Casing: Material PHS | Height: Above or below
Threaded ___ Welded **gl** | Surface ___ in.
RMP ___ PVC **X** | Weight ___ lbs./ft.
Dia. **5** in. to **120** ft. depth | Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth | gage No. **0.258**

5. Type and color of material

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Overburden	0	140
Coarse Sand + Clay	140	165
Red Clay + Sand Stone Streaks.	165	260

10. Screen: Manufacturer's name
J+L
Type **PVC** Dia. **5"**
Slot/gauze **1/16** Length **140**
Set between **140** ft. and **260** ft.
___ ft. and ___ ft.
Gravel pack? **Yes** Size range of material **1/8**

11. Static water level: mo./day/yr.
140 ft. below land surface Date **10/12/76**

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield **60** g.p.m.

13. Water sample submitted: mo./day/yr.
Yes **X** No Date

14. Well head completion:
___ Pitless adapter **14** Inches above grade

15. Well grouted? Yes
With: **X** Neat cement ___ Bentonite ___ Concrete
Depth: From **3** ft. to **13** ft.

16. Nearest source of possible contamination:
ft. **100** Direction **West** Type **Corral**
Well disinfected upon completion? **X** Yes ___ 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

(Use a second sheet if needed)

18. Elevation:
Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks:
Well to be Completed by:
Stout Water Well
Elkhart, Kansas

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.
T+W Water Well 142
Business name License No.
Address Box 816 Liberal, KS
Signed ___ Date **10/15/76**
Authorized representative

Form WWC-5

32 T 41 R (E/W) — 12 Sec NE NE NE 1/4 1/4 1/4