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

C - SE - NW SW

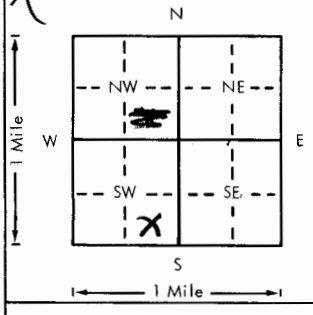
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Ellsworth	X - SE - NW 1/4 1/4 1/4	7	T 17 S	R 9 E/W

2. Distance and direction from nearest town or city: Holyrood Ks
Street address of well location if in city: 2½ East North side

3. Owner of well: L.O Davis Duly Co
R.R. or street:
City, state, zip code: Great Bend Kans

X. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 7 in. Completion date 7-20-78
Well depth 90 ft.

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

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

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded X Surface 12 in.
RMP ____ PVC X Weigh 27.3 lbs./ft.
Dia. 5 in. to 90 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 200

5. Type and color of material	From	To
Clay	0	70
Sand Rock	70	90

10. Screen: Manufacturer's name Shop made
Saw Pesless
Type ____ Dia. 5
Slot/gauze 18 Length 20
Set between 90 ft. and 70 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 4-1/8

11. Static water level: mo./day/yr.
≈3 ft. below land surface Date 7-20-78

12. Pumping level below land surfaces:
____ 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 1 Inches above grade

15. Well grouted? X
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 65 ft.

X Nearest source of possible contamination
ft. ____ Direction ____ Type None
Well disinfected upon completion? __ Yes X No

X. 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:

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.
Myers Water Well 143
Business name License No.
Address 1512 Broadway Gt Bend
Signed Lloyd Rounsdall Date 7-20-78
Authorized representative

T 17 — R 9 E/W — Sec 7 — 1/4 SE SW 1/4

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

Form WWC-5

MI-1023