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

WATER WELL RECORD
KSA 82a-1201-1215

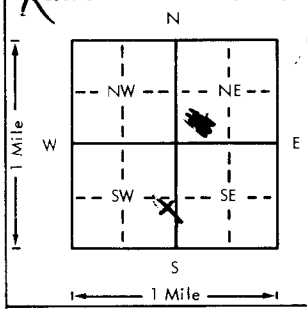
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

X Location of well:	County [redacted] LANE	X Fraction NE 1/4 SW 1/4 SW 1/4	Section number 3	Township number 18 T [redacted] S	Range number R 30 W E/W

X 2. Distance and direction from nearest town or city: ~~11 Miles 3 North~~ W
Street address of well location if in city: ~~Dighton~~

3. Owner of well: DUNN & GARDNER
R.R. or street:
City, state, zip code: Wichita Ks.

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



Sketch map: Amy Ks. 1/2 west 3 NORTH Westside

6. Bore hole dia. 9 in. Completion date
Well depth 105 ft. 8-30-78

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
Threaded ___ Welded X
RMP ___ PVC X
Dia. 5 in. to 105 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 12 in.
Weight 278-3 lbs./ft.
Wall Thickness: inches or gage No. 200

10. Screen: Manufacturer's name Pierless
Shop made
Type Saw Dia. 5
Slot/gauze 1/8 Length 20
Set between 105 ft. and 85 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/8-1/4

5. Type and color of material	From	To
CLAY	0	10
white Rock	10	58
GRAVEL	58	105
(Use a second sheet if needed)		

11. Static water level: mo./day/yr.
65 ft. below land surface Date 8-30-78

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 12 Inches above grade

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

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ 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

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 Great Bend KS
Signed Floyd Rosendahl Date 8-30-78
Authorized representative

T 18 R 30 E/W Sec 3 1/4 1/4 1/4 NE SWSW

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

Form WWC-5

MI-1023