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

WATER WELL RECORD
KSA 82a-1201-1215

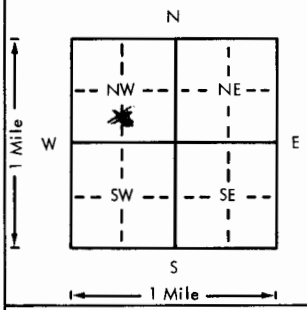
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	C 1/4 S½ 1/4 NW 1/4	19	T 19 S	R 11 E/W

2. Distance and direction from nearest town or city: 2n ½ E ¼S of Ellinwood
Street address of well location if in city:

3. Owner of well: Orville Isern
R.R. or street: 112 Old Manor Rd.
City, state, zip code: Ellinwood, Ks.

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 29 in. Completion date
Well depth 50 ft. 6-30-76

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

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

9. Casing: Material Steel Height: Above or ~~below~~
Threaded ___ Welded ✓ Surface 18 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 16 in. to 50 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 7

5. Type and color of material	From	To
Top Soil	0	2
Gray Clay	2	8
Sandy Brown Clay	8	16
Sand & Gravel Clean coarse loose	16	54
Brown Clay	54	66
Gray Clay	66	80
Brown & Gray Clay	80	90

(Use a second sheet if needed)

10. Screen: Manufacturer's name Dowco
Type Steel Dia. 16
Slot/gauze 3/16 Length 23
Set between 27 ft. and 50 ft.
ft. and ft.
Gravel pack? ✓ Size range of material 1/2 3/4 3/8

11. Static water level: mo./day/yr.
12 ft. below land surface Date 5-14-15

12. Pumping level below land surfaces:
19 ft. after 1 hrs. pumping 500 g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield 500 g.p.m.

13. Water sample submitted: mo./day/yr.
✓ Yes ___ No Date

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

15. Well grouted? ✓
With: ___ Neat cement ___ Bentonite ✓ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 1/4 Direction W Type Corral
Well disinfected upon completion? ___ Yes ___ No

17. Pump: ✓ 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.
Rosencrantz-Bennie 134
Business name License No.
Address Great Bend, Ks
Signed Fredia Dodson Date 9/29/76
Authorized representative

T 19 R 11 E/W Sec 19 1/4 C S½ 1/4 NW 1/4

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

Form WWC-5

MI-1023