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

WATER WELL RECORD
KSA 82a-1201-1215

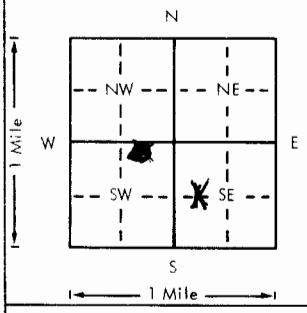
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

X. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	C 1/4 W 1/2 SE 1/4	28	T 19S S	R 11W E/W

2. Distance and direction from nearest town or city: Ellinwood
1 Mile north 1½ East
Street address of well location if in city: next side

3. Owner of well: Emphasis Delg.
R.R. or street: Box 566
City, state, zip code: Russell Kans 67665

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



6. Bore hole dia. ___ in. Completion date 10-10-78
Well depth 60 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. X Casing: Material PVC Height: Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 278-3 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No 200, 265

5. Type and color of material	From	To
Sandy Clay	0	18
Gravel	18	45
Clay	45	50
Gravel	50	60
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Peerless
Type SAW Dia. 5
Slot/gauze 75 Length 20
Set between 60 ft. and 40 ft.
___ ft. and ___ ft.
Gravel pack yes Size range of material 1/4-75

11. Static water level: mo./day/yr.
17 ft. below land surface Date 10-10-78

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. X 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

T ___ R ___ E/W ___ Sec ___ 1/4 1/4 1/4

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 Lloyd Rosendahl Date 10-10
Authorized representative

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

Form WWC-5

MI-1023