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

WATER WELL RECORD
KSA 82a-1201-1215

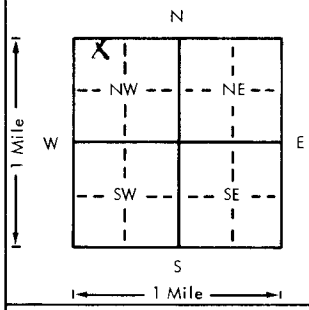
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: Barton | Fraction: NW 1/4 NW 1/4 NW 1/4 | Section number: 32 | Township number: T 19 S | Range number: R 11 E/W

2. Distance and direction from nearest town or city: ¼ mi East of Ellinwood, Ks.
Street address of well location if in city:

3. Owner of well: Leora Harrell
R.R. or street: Rt 1
City, state, zip code: Ellinwood, Ks. 67526

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8 in. Completion date
Well depth 48 ft. 6-30-75

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 PVC | Height: Above or ~~below~~
Threaded ___ Welded ___ | Surface 18 in.
RMP ___ PVC ✓ | Weight ___ lbs./ft.
Dia. 4 in. to 48 ft. depth | Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth | gage No. 237

5. Type and color of material	From	To
Top soil	0	2
Brown clay	2	8
Sand & gravel medium loose	8	20
Brown clay	20	22
Sand & gravel clean coarse loose	22	48
Brown clay	48	50

(Use a second sheet if needed)

10. Screen: Manufacturer's name Certainteed
Type PVC Dia.
Slot/~~gauze~~ V16 Length 12
Set between 36 ft. and 48 ft.
ft. and ft.
Gravel pack? X Size range of material 1/2 3/4 3/8

11. Static water level: mo./day/yr.
12 ft. below land surface Date 6-30-75

12. Pumping level below land surfaces:
___ ft. after 0 hrs. pumping ___ g.p.m.
___ ft. after 0 hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 6-30-75

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

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

16. Nearest source of possible contamination:
ft. 100 Direction SE Type Septic
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-Bemis 134
Business name License No.
Address Great Bend, Ks. 67530
Signed S. Kilgore Date 6-79
Authorized representative

T 19 R 11 E Sec 32 NW 1/4 NW 1/4 NW 1/4

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

Form WWC-5

MI-1023