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

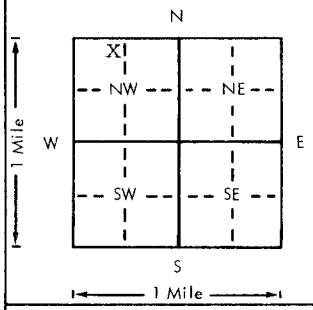
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	ne 1/4 nw 1/4 nw 1/4	35	T 19 S	R 11 E (W)

2. Distance and direction from nearest town or city:
3½-E of Ellinwood, Ks.
Street address of well location if in city:

3. Owner of well: Harry Sieker
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. 10 in. Completion date ____
Well depth 37 ft. 4-18-79

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 X Weight ____ lbs./ft.
Dia 6¼ in. to 37 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .280

5. Type and color of material	From	To
top soil	0	3
clay	3	12
good clean sand & gravel	12	35
clay	35	37
(Use a second sheet if needed)		

10. Screen: Manufacturer's name CertainTeed
Type pvc Dia. ____
Slot/~~gauze~~ xxx 1/16 Length 17
Set between 20 ft. and 37 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material: 3/4 3/8

11. Static water level: mo./day/yr.
14 ft. below land surface Date 4-18-79

12. Pumping level below land surfaces:
14 ft. after 1 hrs. pumping 75 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 150 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 4-18-79

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

15. Well grouted? X
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 12 ft.

16. Nearest source of possible contamination:
ft. 500 Direction SE Type septic
Well disinfected upon completion? X 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
___ Slope
X 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 Sandy Lopez Date 4-27-79
Authorized representative

T 19 R 11 (W) E Sec 35 1/4 ne 1/4 nw 1/4 nw

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

Form WWC-5

MI-1023