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

WATER WELL RECORD
KSA 82a-1201-1215

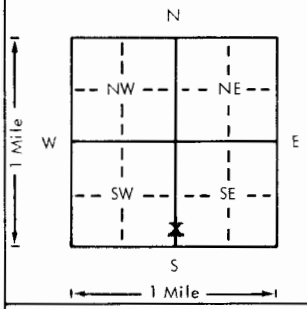
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	1/4 c 1/4 s 1/4	36	T 19 S	R 11 E (W)

2. Distance and direction from nearest town or city: 4½-E of Ellinwood, Ks.
Street address of well location if in city:

3. Owner of well: John Roth
R.R. or street: RFD
City, state, zip code: Ellinwood, Ks. 67526

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11 in. Completion date _____
Well depth 35 ft. 6-5-79

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

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

9. Casing: Material pvc Height: Above or ~~Xbx~~
Threaded ____ Welded ____ Surface 18 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 4½ in. to 35 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	3
clay	3	15
good sand & gravel	15	35
clay	35	

(Use a second sheet if needed)

10. Screen: Manufacturer's name CertainTeed
Type pvc Dia. _____
Slot/g~~xxx~~ 1/16 Length ~~20~~ 15
Set between 20 ft. and 35 ft.
_____ ft. and _____ ft.
Gravel pack? X Size range of material ½3/4 3/8

11. Static water level: mo./day/yr.
12 ft. below land surface Date 6-5-79

12. Pumping level below land surfaces:
12 ft. after 1 hrs. pumping 100 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 200 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 6-5-79

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

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

16. Nearest source of possible contamination:
ft. 350 Direction SW 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
___ Upland
X 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, Kansas 67530
Signed Sandy Kilgore Date 6-15-79
Authorized representative

T 19 R 11 E (W) Sec 36 1/4 1/4 1/4 1/4 S½

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

Form WWC-5

MI-1023