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

WATER WELL RECORD
KSA 82a-1201-1215

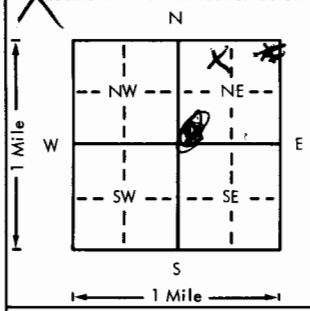
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Barton	Fraction: NE 1/4 NE 1/4 NW 1/4	Section number: 12	Township number: T 19 S	Range number: R 12 E/W

2. Distance and direction from nearest town or city: 6 mi N Ellinwood 1 1/2 west
Street address of well location if in city:

3. Owner of well: Duke Drilling Co.
R.R. or street:
City, state, zip code: Great Bend Kansas

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 4 in. Completion date 10-5-76
Well depth 120 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. Casing: Material Plastic Weight: Above or below
Threaded ___ Welded blue Surface 1 in.
RMP ___ PVC ✓ Weight 20.73 lbs./ft.
Dia. 4 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. Sch 40

5. Type and color of material	From	To
Clay	0	60
Sand Rock	60	70
Clay.	70	100
Sand rock	100	120
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Shop made
Type Slot Dia. 4
Slot/~~gauze~~ 8 Length 20+20
Set between 60 ft. and 80 ft.
100 ft. and 120 ft.
Gravel pack? X Size range of material 1/8 - 1/4

11. Static water level: mo./day/yr.
60 ft. below land surface Date 10-5-76

12. Pumping level below land surface:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after Bailed Clear hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes 1 No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? 1
With: __ Neat cement 1 Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes ___ No

17. Pump: 1 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.
Myers Water Well Service
Business name License No. 143
Address Great Bend
Signed [signature] Date 10-30-76
Authorized representative

T 19 R 12 (E/W) Sec 12 1/4 NE 1/4 NE 1/4 NW 1/4

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

Form WWC-5

MI-1023