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

WATER WELL RECORD
KSA 82a-1201-1215

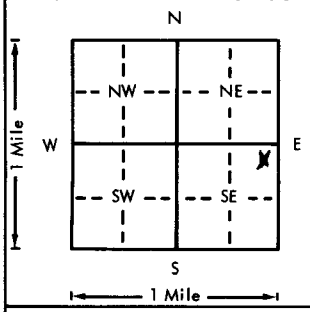
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	BARTON	NE 1/4 NE 1/4 SE 1/4	28	T 19 S	R 12 E (W)

2. Distance and direction from nearest town or city: 1E ½ N
Street address of well location if in city: DARTMOUTH

3. Owner of well: Bobby Jones
R.R. or street: 1612 Cherokee
City, state, zip code: Great Bend 67530

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



6. Bore hole dia. 7 7/8 in. Completion date 4-15-76
Well depth 34 ft.

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

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

9. Casing: Material PLT | Height: Above or below
Threaded __ Welded 9L | Surface 18 in.
RMP __ PVC X | Weight __ lbs./ft.
Dia 4½ in. to 34 ft. depth | Wall Thickness: inches or
Dia. __ in. to __ ft. depth | gage No. 250

5. Type and color of material	From	To
CLAY - TAN	0	14
SAND	14	16
CLAY TAN	16	19
GRAVEL	19	34

(Use a second sheet if needed)

10. Screen: Manufacturer's name Home Made Drilled Holes
Type __ Dia. 4½
Slot/gauze V8 Length 10
Set between 24 ft. and 34 ft.
__ ft. and __ ft.
Gravel pack? X Size range of material 1/16-3/8

11. Static water level: mo./day/yr.
13 ft. below land surface Date 4-15-76

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

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

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

15. Well grouted? Yes
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 14 ft.

16. Nearest source of possible contamination: Feed Lot
ft. 200 Direction N Type
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:
X Hill
__ Slope
__ Upland
__ Valley

19. Remarks: 1614

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.
PAWNEE DRLG 326
Business name License No.
Address BOX 121 PAWNEE ROCK
Signed [signature] Date 5-8-76
Authorized representative

T 19 R 12 (W) Sec 28 NE NE SE 1/4 1/4 1/4

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

Form WWC-5

MI-1023