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

WATER WELL RECORD
KSA 82a-1201-1215

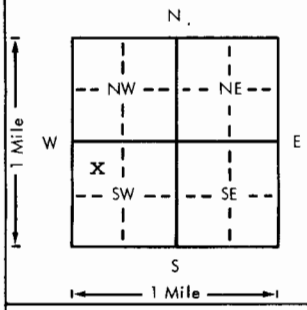
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

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

2. Distance and direction from nearest town or city:
5 miles East of Great Bend
Street address of well location if in city:

3. Owner of well: F H & B Contracting Co., Inc.
R.R. or street: P.O. Box 187
City, state, zip code: Great Bend, KS 67530

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 5 in. Completion date 4-18-78
Well depth 30 ft.

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

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

9. Casing: Material PVC
Threaded ___ Welded ___
RMP ___ PVC X
Dia. 2½ in. to 20 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 12 in.
Weight .63 lbs./ft.
Wall Thickness: inches or gage No. .110

5. Type and color of material	From	To
Top soil	0	3
Gray Clay	3	14
Sand & gravel	14	25
BR → Dakota clay & sandstone	25	30

(Use a second sheet if needed)

10. Screen: Manufacturer's name Peerless Plastics
Type PVC Dia. 2½"
Slot/gauze 1/8 Length 10'
Set between 20 ft. and 30 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 3/8-200

11. Static water level: 4-18-78 mo./day/yr.
10 ft. below land surface Date XXXXXXXX

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

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

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

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

16. Nearest source of possible contamination: FIELD
ft. ___ Direction ___ 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:
__ 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.
Clarke Well & Eq., Inc. 185
Business name License No.
Address Great Bend, Ks 67530
Signed [signature] Date 4-19-78
Authorized representative

T 19 R 12 E (W) Sec 28 1/4 NWSW 1/4 1/4

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

Form WWC-5

MI-1023