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

WATER WELL RECORD
KSA 82a-1201-1215

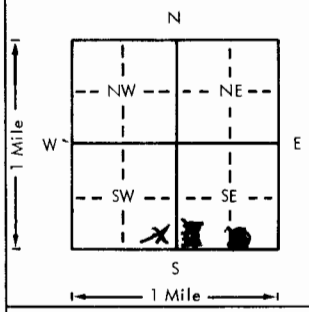
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	SE 1/4 SE 1/4 SW 1/4	36	T 19 S	R 12 E/W

2. Distance and direction from nearest town or city: Ellinwood Kans
~~South 2 miles 3/4 west North~~ 1/2 west 1/2 south
Street address of well location if in city:

3. Owner of well: L.D. Drilling
R.R. or street: 95 Kennedy St
City, state, zip code: Great Bend, Ks 67530

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 9 in. Completion date 9-30-78
Well depth 60 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 ____ Height: Above or below
Threaded ____ Welded X Surface 12 in.
RMP ____ PVC X Weight 278.3 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. ~~200~~ .26

5. Type and color of material	From	To
Fine Sand	0	10
Gravel	10	60

(Use a second sheet if needed)

10. Screen: Manufacturer's name Peerless Mfg
Type Saw Dia. 5
Slot/gauze 1/8 Length 20
Set between 60 ft. and 40 ft.
____ ft. and ____ ft.
Gravel pack? yes Size range of material 1/8 - 1/4

11. Static water level: mo./day/yr.
4 ft. below land surface Date 9-30-78

12. Pumping level below land surfaces:
____ 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: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
X ft. ____ Direction ____ Type None
Well disinfected upon completion? ____ 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
X Slope
__ Upland
__ Valley

19. Remarks: 1756

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 143
Business name License No.
Address Great Bend Ks
Signed Lloyd Rosendahl Date 9-30-
Authorized representative

T 19 R 12 W Sec 36 1/4 SE 1/4 SE 1/4 SW

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

Form WWC-5

MI-1023