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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

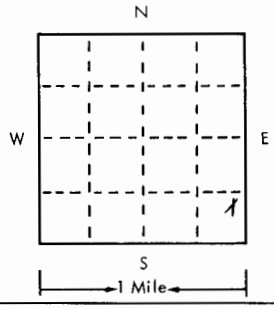
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Barton		NE/SE/SE	5	19	13

Distance and direction from nearest town or city: 4½ miles north of Great Bend, Ks.
Street address of well location if in city:

3 Owner of well: Jim Newbirk
Address: Cut Seasons Mobil Park
Great Bend, Ks.

Locate with "X" in section below:



Sketch map:

4 Well depth: 70 ft. Date of completion 4-17-75
Well diameter 7⅞ in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material pvc Height: (above) below
Threaded ☐ Welded ☒ Surface 18 in.
Diam. Weight 160 lbs./ft.
4 in. to 68 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil	0	2
Light Brown + white clay	2	40
Dirty light brown sandy clay, some fine sand	40	70
Broken sand rock, sandy clay	70	80
Sand rock + clay	80	88
Fire clay	88	90
(use a second sheet if needed)		

8 Screen:
Manufacturer K & B
Type pvc Dia. 4
Slot/gauze 16 Length 30
Set between 68 ft. and 98 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material #10-3

9 Static water level:
50 ft. below land surface Date 4-17-75

10 Pumping level below land surfaces: n/a
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 20 ft.

14 Nearest source of possible contamination:
ft. 300 Direction North Type farmstead
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

17 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
Signed Gredia Dodson Date 4-26-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H