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 C 1/4 SE 1/4	20	T 19 S	R 13 E/W

2. Distance and direction from nearest town or city:
City--Great Bend, Ks.
Street address of well location if in city:

3. Owner of well: T.C.O. Construction, Inc.
R.R. or street: 809 Coolidge Apt. 412
City, state, zip code: Great ~~BM~~ Bend, Ks. 67530

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

N / NW / NE / W / E / SW / X / S / 1 Mile / 1 Mile

6. Bore hole dia. 7 7/8 in. Completion date
Well depth 60 ft. 8-10-77

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 steel Height: Above or ~~Below~~
Threaded __ Welded __ Surface ____ in.
RMP ____ PVC ____ Weight ____ lbs./ft.
Dia. 5 1/2 in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .258

5. Type and color of material	From	To
Fill Dirt	0	2
Clay	2	7
Sand & gravel	7	30
Clay	30	35
Sand & gravel	35	58
Clay	58	60
(Use a second sheet if needed)		

10. Screen: Manufacturer's name
Doerrs
Type steel Dia.
Slot ~~XXX~~ XX 1/16 Length 20
Set between 40 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/2 3/4 3/8

11. Static water level: mo./day/yr.
14 ft. below land surface Date 8-10-77

12. Pumping level below land surfaces:
24 ft. after 1 hrs. pumping 75 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 200 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes __ No Date 8-10-77

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

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

16. Nearest source of possible contamination:
ft. 100 Direction SW Type sewer line
Well disinfected upon completion? HTH 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
X Upland
__ Valley

19. Remarks:
175

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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Kans 67530
Signed Landyl Moore Date 8-22-77
Authorized representative

T 19 R 13W Sec 20 CSE 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