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

WATER WELL RECORD
KSA 82a-1201-1215

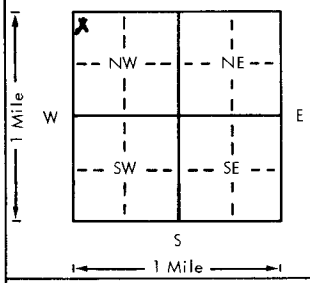
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	NW/4 NW/4 NW/4	26	T 19 S	R 13 E (W)

2. Distance and direction from nearest town or city: 1-E of Great Bend, Ks
Street address of well location if in city:

3. Owner of well: W. S. Nicholson
R.R. or street: Box 747
City, state, zip code: Great Bend, Ks. 67530

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. [redacted] in. Completion date
Well depth 60 ft. 8-28-78

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 18 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 10 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 7

5. Type and color of material	From	To
Top soil	0	2
Clay	2	13
Sand & gravel	13	39
Clay	39	40
Sand & gravel	40	58
Clay	58	60

(Use a second sheet if needed)

10. Screen: Manufacturer's name Roeser
Type Steel Dia.
Slot/~~gauze~~ 3/16 Length 20
Set between 40 ft. and 60 ft.
ft. and ft.
Gravel pack? X Size range of material 1/2 3/4 7/8

11. Static water level: mo./day/yr.
14½ ft. below land surface Date 8-21-78

12. Pumping level below land surfaces:
43½ ft. after 1 hrs. pumping 1000 g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 8-21-78

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. 200 Direction NW Type Septic
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

T 19 R 13 E (W) Sec 26 1/4 NW NW NW 1/4 1/4

18. Elevation:

Topography:
___ Hill
___ Slope
X 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.
Business name Rosencrantz-Bonis 134 License No.
Address Great Bend Ks 67530
Signed Sandy Wilcox Date 10-19-78
Authorized representative

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

Form WWC-5

MT-1023