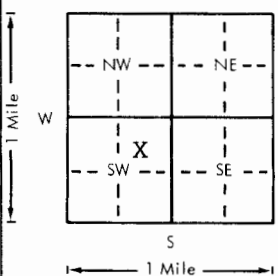


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

☒ Location of well:	County Barton	Fraction 1/4 NE 1/4 SW 1/4	Section number 30	Township number T 19 S R 13 E W	Range number 13
2. Distance and direction from nearest town or city: 1 1/2 miles East of Great Bend, KS Street address of well location if in city: 5309 Broadway, Great Bend, KS			3. Owner of well: Walter Sadler R.R. or street: 5309 Broadway 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 4-13-78 Well depth 30 ft.		
5. Type and color of material			7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
Top soil			8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☒ Lawn ☐ Oil field water ☐ Other		
Brown clay			9. Casing: Material Styrene Height: Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☐ PVC ☐ Weight 1.5 lbs./ft. Dia. 5 in. to 20 ft. depth Wall Thickness: inches or Dia. 5 in. to 20 ft. depth gage No. 200		
Sand & gravel & thin clay at 26'			10. Screen: Manufacturer's name Jess & Lowell Type Double slot Dia. 5" Slot gauge 1/8" Length 10' Set between 20 ft. and 30 ft. Gravel pack? Yes Size range of material 3/8-200		
			11. Static water level: 13'8" mo./day/yr. Date 4-13-78		
			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 ☒ No ☐ Date ____		
			14. Well head completion: 12 inches above grade ____ Pitless adapter		
			15. Well grouted? Yes With: ☒ 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? ☒ Yes ☐ No		
			17. Pump: ☒ 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		
(Use a second sheet if needed)					
18. Elevation:	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 Great Bend, KS 67530 License No. ____ Address Great Bend, KS 67530 Signed [Signature] Date 6-15-78 Authorized representative		

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

Form WWC-5