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

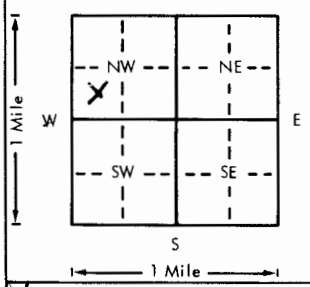
Great Bend Manuf #1

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	C 1/4 SW 1/4 NW 1/4	32	T 19S	R 13W E/W

2. Distance and direction from nearest town or city: 1 mile west of Gt Bend
Street address of well location if in city:

3. Owner of well: Dowse Drilling Co
R.R. or street:
City, state, zip code: Great Bend Ks

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 5 in. Completion date 3-24-76
Well depth 45 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 Plastic Height: Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 84 lbs./ft.
Dia. 2 in. to 45 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
clay	0	18
gravel	18	36
clay	36	30
gravel	30	45

10. Screen: Manufacturer's name Peerless Plastic
Type PVC Dia. 2
Slot/gauze 15 Length 10
Set between 35 ft. and 45 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 3/8 4

11. Static water level: mo./day/yr.
12 ft. below land surface Date 3-24-76

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 ___ 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:
ft. ___ Direction ___ Type ___
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

(Use a second sheet if needed)

18. Elevation:

Topography:
___ Hill
X Slope
___ 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.
Myers Water Well 143
Business name License No.
Address Great Bend Ks
Signed Alfred A Myers Date 3-24-76
Authorized representative

T 19 R 13W E/W Sec 32 1/4 C 1/4 1/4 1/4 Barton

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

Form WWC-5

MI-1023