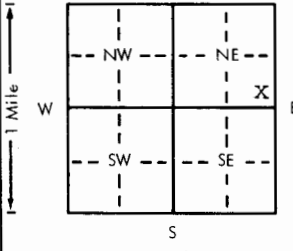


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Barton	Fraction se 1/4 se 1/4 ne 1/4	Section number 33	Township number T 19 S R 13 E/W	Range number
2. Distance and direction from nearest town or city: 2nd street in city of Great Bend, Ks. Street address of well location if in city:				3. Owner of well: Dale Bodine R.R. or street: 1531 Cherry Lane City, state, zip code: Great Bend, Kansas 67530		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 9 in. Completion date _____ Well depth 70 ft. 5-24-79		
5. Type and color of material		From	To	7. ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
topsoil		0	2	8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☒ Lawn ☐ Oil field water ☐ Other		
clay		2	5	9. Casing: Material pvc Height: Above or below _____ Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC ☒ Weight _____ lbs./ft. Dia. 4 1/2 in. to 70 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. .237		
sand & gravel		5	31	10. Screen: Manufacturer's name CertainTeed		
clay		31	53	Type pvc Dia. _____ Slot 1/16 Length 20 Set between 70 ft. and 50 ft. _____ ft. and _____ ft.		
sand & gravel		53	70	Gravel pack? ☒ Size range of material 3/4 3/8		
				11. Static water level: _____ mo./day/yr. 11 ft. below land surface Date 5-24-79		
				12. Pumping level below land surfaces: _____ na _____ 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 5-24-79		
				14. Well head completion: ☐ Pitless adapter _____ Inches above grade		
				15. Well grouted? ☒ With: ☒ Neat cement ☐ Bentonite ☐ Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. 50 Direction North Type house septic 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: Topography: ☐ Hill ☐ 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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed Sandy Elger Date 5-31-79 Authorized representative		