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

WATER WELL RECORD
KSA 82a-1201-1215

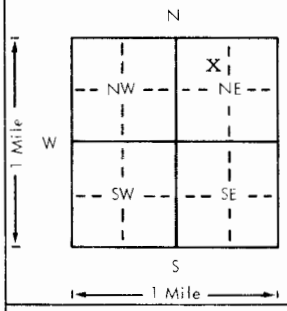
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	SE 1/4 NW 1/4 NE 1/4	34	T 19 S	R 13 E (W)

2. Distance and direction from nearest town or city:
¼ mile East of Great Bend, KS
Street address of well location if in city:

3. Owner of well: Mathews Construction
R.R. or street: Route 3
City, state, zip code: Great Bend, KS 67530

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



Well No. 1
900' South and 1600' West from the NE
34-19-13, BT

6. Bore hole dia. 9 in. Completion date 2-20-79
Well depth 30 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 __ Oil field water X Other Dewater

9. Casing: Material Styrene Height: (Above) or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC ___ Weight 1.5 lbs./ft.
Dia. 5 in. to 10 ft. depth Wall Thickness: inches or
Dia. 5 in. to 30 ft. depth gage No. .200

5. Type and color of material	From	To
Top soil & sand	0	4
Fine silty sand	4	13
Sand & fine X gravel	13	20
Tight yellow clay	20	30

10. Screen: Manufacturer's name Jess & Lowell
Type Styrene 200 Dia. 5"
Slot/gauze Hole-1/8" Length 10'
Set between 10' ft. and 20' ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 3/8-200

11. Static water level: Approx. mo./day/yr.
8' ft. below land surface Date 2-20-79

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 X No Date ___

14. Well head completion:
___ Pitless adapter 12 Inches above grade

15. Well grouted? NO
With: ___ Neat cement ___ Bentonite ___ Concrete
Depth: From ___ ft. to ___ ft.

16. Nearest source of possible contamination: Field
___ ft. ___ Direction ___ Type ___
Well disinfected upon completion? X 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
___ Slope
___ Upland
___ Valley

19. Remarks: Temporary Well - Owner to plug and abandon upon completion of dewatering project.

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 License No.
Address Great Bend, KS 67530
Signed [signature] Date 2/20/79
Authorized representative

T 19 R 13 Sec 34 1/4 SE 1/4 NW 1/4 NE

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

Form WWC-5

MI-1023