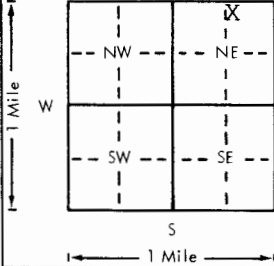


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW 1/4 NE 1/4 NE 1/4	Section number 9	Township number T 19 S R 14 E W	Range number 14 E W
2. Distance and direction from nearest town or city: 7 1/2 miles Northwest of Great Bend, KS Street address of well location if in city:			3. Owner of well: Geoffrey Tammen R.R. or street: P.O. Box 53 City, state, zip code: Albert, KS 67511			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 24 in. Completion date 8-18-77 Well depth 72 ft.		
				7. ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary		
5. Type and color of material		From		To		8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other
Top soil		0		5		9. Casing: Material Steel Height: Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☐ PVC ☐ Weight 30.3 lbs./ft. Dia. 16 in. to 42 ft. depth Wall Thickness: 7 ga. Dia. 16 in. to 42 ft. depth gage No. 7 ga.
Brown clay		5		28		10. Screen: Manufacturer's name Cook Type Double-slot Dia. 16" Slot gauge 1/8 Length 30' Set between 42 ft. and 72 ft. Gravel pack? yes Size range of material 3/8-200
Sand & gravel & clay streak at 36', 51'-58' and		28		72		11. Static water level: 24' 6" ft. below land surface Date 7-19-77 mo./day/yr.
65' - 70'						12. Pumping level below land surfaces: Not Checked ____ 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 Peerless Pump Model number 12MB-2 HP 25 Volts 460 Length of drop pipe 65 ft. capacity 900 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:			
Topography: ____ Hill ____ Slope ____ Upland ____ Valley	THIS IS A REPLACEMENT WELL.		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 Address Great Bend, KS 67530 License No. ____ Signed [Signature] Date 8-19-77 Authorized representative			

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

Form WWC-5