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

Caraway #1

X Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	C-1/4 NW1/4 SE1/4	19	T 19 S	R 14W E/W

X Distance and direction from nearest town or city: ~~5 miles south~~
Street address of well location if in city: ~~of Great Bend~~

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

4. Locate with "X" in section below: Sketch map: Great Bend 5 west 1 north 3/4 east.

N / NW / NE / W / E / SW / SE / S — 1 Mile

6. Bore hole dia. 5 in. Completion date 1-3-76
Well depth 50 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 43 lbs. ft.
Dia 2 in. to 50 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
Sand	18	25
Gravel	25	50
T.D. = 50'		

10. Screen Manufacturer's name Phelps Plastics
Type PVC Dia. 2
Slot/gauze 50 Length 10
Set between 40 ft. and 50 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/8 - 1/4

11. Static water level: mo./day/yr.
10 ft. below land surface Date 1-3-76

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.
Mayo Water Well 143
Business name License No.
Address Great Bend Ks
Signed Clifford Mayo Date 1-3-76
Authorized representative

T 19 S R 14 W E/W Sec 19 1/4 1/4 1/4 SW

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

Form WWC-5

MI-1023