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

WATER WELL RECORD
KSA 82a-1201-1215

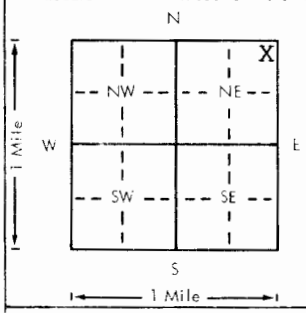
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	NE 1/4 NE 1/4 NE 1/4	23	T 19 S	R 14 E/W

2. Distance and direction from nearest town or city:
$2\frac{1}{2}$ miles Northwest of Great Bend
Street address of well location if in city:

3. Owner of well: Harley Evers
R.R. or street: Route 4
City, state, zip code: Great Bend, KS 67530

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



6. Bore hole dia. 9 in. Completion date 4-25-78
Well depth 56 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

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 46 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .200

5. Type and color of material	From	To
Top soil	0	3
Brown & blue clay	3	36
Sand & gravel	36	40
Brown clay	40	43
Sand & gravel	43	56

(Use a second sheet if needed)

10. Screen: Manufacturer's name Jess & Lowell
Type Styrene 200 Dia. 5"
Slot/gauze 1/8 Length 10'
Set between 46 ft. and 56 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
26 ft. below land surface Date 4-25-78

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? yes
With: x 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? XX Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Berkeley Pump Co.
Model number 4AM-11 HP $\frac{1}{2}$ Volts 230
Length of drop pipe 42 ft. capacity 10 g.p.m.
Type:
x Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

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.
Clarke Well & Eq., Inc. 185
Business name License No.
Address Route 1, Great Bend, KS 67530
Signed [signature] Date 5-10-78
Authorized representative

T 19 R 14 E/W Sec 23 1/4 NE 1/4 NE 1/4

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

Form WWC-5

MI-1023