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

WATER WELL RECORD
KSA 82a-1201-1215

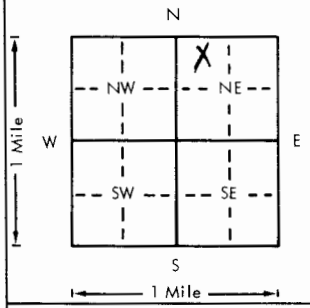
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	NE 1/4 1/4 1/4	25	T 19 S	R 14 E (W)

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

3. Owner of well: Earl Fox
R.R. or street:
City, state, zip code: Great Bend Ks. 67530

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



6. Bore hole dia. 9 7/8 in. Completion date 10-19-76
Well depth 63½ ft.

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

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

9. Casing: Material ~~steel~~ PVC Height: Above or ~~below~~
Threaded ___ Welded ___ Surface 18 in.
RMP ___ PVC X Weight 160 lbs./ft.
Dia. 4 in. to 63½ ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ¼

5. Type and color of material	From	To
Top Soil	0	2
Brown Clay	2	4
Sand & Gravel	4	32
Brown Clay	32	43
Sand & Gravel	43	63
Brown Clay	63	63½
(Use a second sheet if needed)		

10. Screen: Manufacturer's name R/B
Type ~~steel~~ PVC Dia. 4
Slot/gauze 1/16 Length 20
Set between 43½ ft. and 63½ ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material ~~1/2~~ ¾ ~~1/8~~

11. Static water level: mo./day/yr.
13 ft. below land surface Date 10-19-76

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.
X Yes ___ No Date 10-19-76

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

15. Well grouted? ✓
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 50 Direction south Type ~~septic~~ Tank
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

18. Elevation:
Topography:
___ Hill
___ Slope
X 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, Ks.
Signed Finchie Rosencrantz Date 10/21/
Authorized representative

T 19 R 14 E Sec 25 C NW 1/4 1/4 1/4

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

Form WWC-5

MI-1023