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

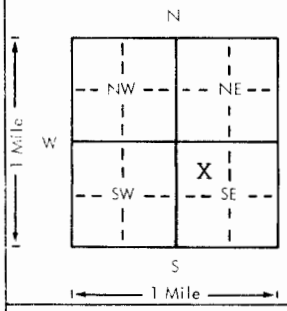
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	1/4 NW 1/4 SE 1/4	25	T 19 S	R 14 E/W

2. Distance and direction from nearest town or city:

Street address of well location if in city: Great Bend, KS
NW Corner of Intersection of Broadway & Wheatridge

3. Owner of well: Melvin Wegele
R.R. or street: 3000 24th
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 8-2-78
Well depth 40 ft.

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

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

9. Casing: Material Styrene Weight: Above or below
Threaded ____ Welded X Surface 12 in.
RMP ____ PVC ____ Weight 1.5 lbs./ft.
Dia. 5 in. to 30 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 Clay	3	11
Sand & gravel & thin clay streak at 28'	11	40
(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 30 ft. and 40 ft.
____ ft. and ____ ft.
Gravel pack? Yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
17 ft. below land surface Date 8-2-78

12. Pumping level below land surface 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 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? 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

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 Great Bend, KS 67530
Signed [signature] Date 8-3-78
Authorized representative

T 19 R 14 E/W Sec 25 1/4 1/4 1/4 NW SE

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

Form WWC-5

MI-1023