

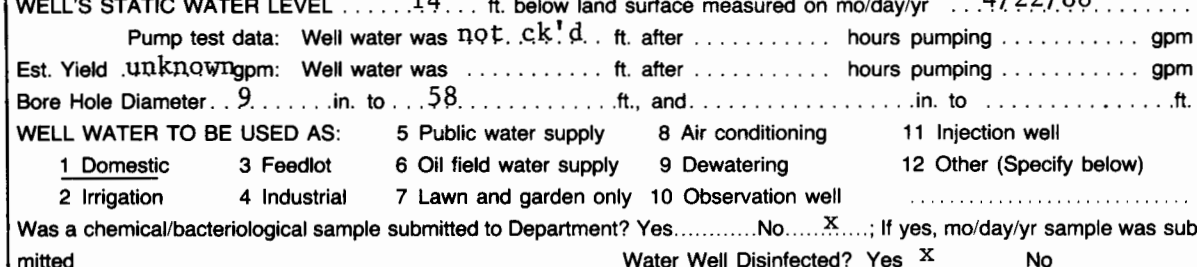
WATER WELL RECORD Form WWC-5 KSA 82a-1212

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER:	Clarke Bldg. Account	
RR#, St. Address, Box # :	709 Patton Road	Board of Agriculture, Division of Water Resources
City, State, ZIP Code :	Great Bend, KS 67530	Application Number: not Required

Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL 14' 0" below ground surface 4/22/88



Blank casing diameter . . . 5 . . . in. to . . . 49 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.
Casing height above land surface . . . 24 . . . in., weight . . . 2.277 . . . lbs./ft. Wall thickness or gauge No. . . 214

SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

6 GROUT MATERIAL: a) 1 Neat cement 2 Cement grout b) 3 Bentonite 4 Other
Grout Intervals: From a) 4 ft. to 20 ft. From b) 38 ft. to 40 ft. From ft. to ft.

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4/22/88 and this record is true to the best of my knowledge and belief. Kansas

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.