

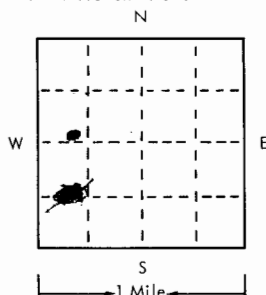
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Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <i>Barton</i>	Township name	Fraction <i>S.E. 1/4 NW</i>	Section number <i>20</i>	Town number <i>20S</i>	Range number <i>12W</i>
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Distance and direction from nearest town or city: <u>4 South</u>	3 Owner of well: <u>Duke Drilling Co</u>
Street address of well location if in city: <u>4 East of Great Bend</u>	Address: <u>Great Bend Kansas</u>

Sketch map:



4 Well depth: 60 ft. Date of completion 7-11-72
Well diameter 5 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☒ Oil Field Surf.

7 Casing: Material PVC Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. _____ Weight 42 lbs./ft. 120
2 in. to 60 ft. depth Drive shoe? ☐ Yes ☒ No
____ in. to ____ ft. depth

	Type and color of material	From	To	_____ in. to _____ ft. depth!
	Clay	0	18	8 Screen: Manufacturer Jet Stream Type DVC Dia. 2 Slot gauze # Length 16 Set between 350 and 60 ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material 1-7
	Sandy Clay	18	35	9 Static water level: 10 ft. below land surface Date 2-11-72
	Sand	35	45	10 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.
	Gravel	45	60	11 Water sample submitted: ☐ Yes ☒ No Date _____
				12 Well head completion: ☐ Pitless adapter ☐ Inches above grade
				13 Well grouted? ☒ Yes ☐ No ☐ Neat cement ☒ Bentonite ☐ Depth: From 0 ft. to 16 ft.
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? ☐ Yes ☐ No
				15 Pump: ☒ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other

(use a second sheet if needed)

16 Remarks: elevation

Topography:

- ☐ Hill
☐ Slope
☐ Upland
☐ Valley

17 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.

Myer Watson 1913

Address Great Bend, KS

Signed [Signature] Date 7-11-
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

80 120 20 SESSON