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

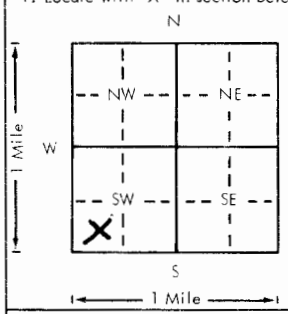
Schaefer A-6

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	C 1/4 SW 1/4 SW 1/4	34	T 20 S	R 12 E/W

2. Distance and direction from nearest town or city: Ellinwood
4 South 3/4 mile 330 West of East
Street address of well location if in city:
N/A

3. Owner of well: L.O. Tabor / Davis
R.R. or street: 915 Kennedy
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
Well depth 75 ft. 3-23-94

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

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

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded X Surface 12 in.
RMP ____ PVC X Weight 0.783 lbs./ft.
Dia. 5 in. to 75 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth Gage No. 0.245

5. Type and color of material	From	To
Soil	0	10
Fine Sand	10	20
Sandy Clay	20	30
Clay	30	50
Gravel	50	75
(Use a second sheet if needed)		

10. Screen: Manufacturer's name
Type Saw Dia. 5
Slot/gauze 15 Length 20
Set between 55 ft. and 75 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material #1 - #2

11. Static water level: mo./day/yr.
33 ft. below land surface Date 3-23-94

12. 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.

13. Water sample submitted: mo./day/yr.
__ Yes __ No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? ✓
With: __ Neat cement ✓ Bentonite __ Concrete
Depth: From 2 ft. to 40 ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type Barnyard
Well disinfected upon completion? ____ Yes X 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.
Business name License No.
Address
Signed Date
Authorized representative 3-23-94

T 20 R 12 E(W) Sec 34 C SW SW

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

Form WWC-5

MI-1023