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

WATER WELL RECORD
KSA 82a-1201-1215

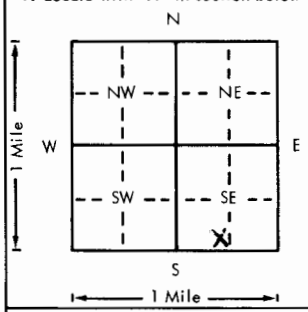
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	SE1/4 SW1/4 SE 1/4	4	T 20 S	R 13 E/W

2. Distance and direction from nearest town or city: 15 1/4 E
Street address of well location if in city: Great Bend, KS

3. Owner of well: Leland Luther
R.R. or street: 1415 Jackson
City, state, zip code: Great Bend, KS

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



6. Bore hole dia. 8 in. Completion date 11-10-95
Well depth 55 ft.

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

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

9. Casing: Material PVC Height: (Above) or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ✓ Weight ___ lbs./ft.
Dia. 5 in. to 55 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ___

5. Type and color of material	From	To
Top Soil - Clay	0	15
Sand - Gravel	15	30
Clay	30	34
Sand - Gravel	34	55

10. Screen: Manufacturer's name MPI
Type PVC Dia. 5"
Slot/gauze 1/8" Length 20'
Set between 35 ft. and 55 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/8 - 3/4"

11. Static water level: mo./day/yr.
14 ft. below land surface Date 11-10-95

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 40 g.p.m.

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

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

15. Well grouted? ✓
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination: Septic
ft. 65 Direction NW Type Tank
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

(Use a second sheet if needed)

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
X 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.
Kelly's Water Well Ser 184
Business name License No.
Address R 2 Great Bend KS
Signed Kelly Price Date 11-16
Authorized representative

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

Form WWC-5

MI-1023

T 20 R 13 E/W Sec 4 1/4 SE 1/4 SW 1/4 SE 1/4