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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Barton		~~SE~~ NW SW	4	20S	13W

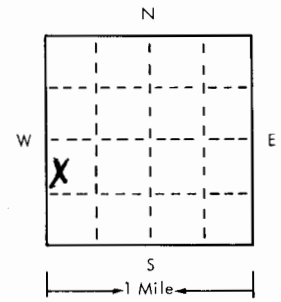
Distance and direction from nearest town or city: 1S 1/2 W

Street address of well location if in city: Great Bend, KS

3 Owner of well: Jerry Denney

Address: R2 Great Bend, Kan

Locate with "X" in section below:



Sketch map:

4 Well depth: 55 ft. Date of completion 8-1-75
Well diameter 8 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 ☐ _____

7 Casing: Material PVC Height: above/below
Threaded ☐ Welded ☐ Surface 1' in.
Diam. 5 in. to 55 ft. depth Weight ____ lbs./ft.
Drive shoe? ☐ Yes ☒ No
____ in. to ____ ft. depth

2 Type and color of material	From	To
Top Soil-Clay	0	20
Sand-Gravel	20	35
Clay	35	38
Sand-Gravel	38	55

8 Screen:
Manufacturer MPI
Type PVC Dia. 5"
Slot/gauze 1/8 Length 15
Set between 40 ft. and 55 ft.
Fittings: 1/8 - 3/4"
Gravel pack ☒ Yes ☐ No Size range of material ____

9 Static water level:
12 ft. below land surface Date 8-1-75

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 30 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion: 12
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 60 Direction S Type Septic Tank
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
☐ Certrifugal ☐ 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.
Kelly's Water Well Service, Inc. 184
Business name License No.
Address R2 Great Bend, KS
Signed Kelly Dsies Date 8-8-75
Authorized representative

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

Form WWC-5

677-H