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

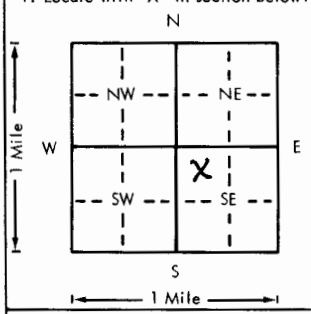
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	1/4 NW 1/4 SE 1/4	9	T 20 S	R 13 E/W

2. Distance and direction from nearest town or city: 1½ S.
Street address of well location if in city: Great Bend, Ks

3. Owner of well: H-30 Drilling, INC
R.R. or street: 200 N Main
City, state, zip code: Wichita, Kan.

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 5 in. Completion date 10-10-75
Well depth 45 ft.

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

X Casing: Material _____ Height: (Above) or below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC X Weight 3 lbs./ft.
Dia. 2 in. to 45 ft. depth Wall Thickness: inches, or
Dia. ____ in. to ____ ft. depth X Gage No. Sch 40

5. Type and color of material	From	To
Top Soil - Clay	0	18
Sand - Gravel	18	45

(Use a second sheet if needed)

10. Screen: Manufacturer's name MPI
Type PVC Dia. 2"
Slot/gauze 1/8 Length 15'
Set between 30 ft. and 45 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 10-10-75

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 80 g.p.m.

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

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

15. Well grouted? X
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 75' Direction SW Type Oil Test
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
X 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.
Kelly's Water Well Serv 186
Business name License No.
Address R2 Great Bend, KS
Signed Kelly Price Date 10-20-75
Authorized representative

T 20 S
R 13 E/W
Sec 9
1/4 1/4 1/4 NW SE

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

Form WWC-5

MI-1023