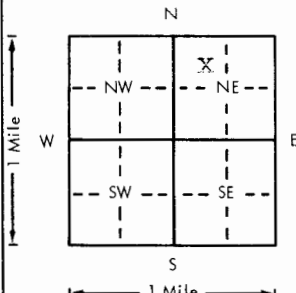


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>Barton</b>      | Fraction<br><b>1/4 chw/4 ne 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Section number<br><b>9</b> | Township number<br><b>T 20 S</b>                                                                                                                                                                                                                                                                                                                                                                                     | Range number<br><b>R 13W E/W</b>                                                                                                                                                                                                                                                                                                                                                       |
| 2. Distance and direction from nearest town or city:<br><b>1 1/2</b>                                                                                            |  |                              | 3. Owner of well:<br><b>Galen Roach</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |
| Street address of well location if in city:<br><b>Great Bend, Ks.</b>                                                                                           |  |                              | R.R. or street:<br><b>R2 Great Bend, Ks.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |
| City, state, zip code:                                                                                                                                          |  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |
| 4. Locate with "X" in section below:<br>Sketch map:<br>                        |  |                              | 6. Bore hole dia. <b>5</b> in. Completion date<br>Well depth <b>62</b> ft. <b>4-20-78</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |
| 5. Type and color of material                                                                                                                                   |  |                              | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                                                                                                                                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                 |  |                              | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                 |  |                              | 9. Casing: Material <input type="checkbox"/> Height: Above or below <input checked="" type="checkbox"/> <b>12</b> in.<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>62</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>Sch 40</b> |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                 |  |                              | 10. Screen: Manufacturer's name<br><b>Jetstream</b><br>Type <b>pvc</b> Dia. <b>5"</b><br>Slot/gauze <b>1/32"</b> Length <b>20'</b><br>Set between <b>42</b> ft. and <b>62</b> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>                                                                                                                                                                                                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |
| Top Soil-Clay                                                                                                                                                   |  |                              | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | To                         | 11. Static water level:<br><b>14</b> ft. below land surface Date <b>4-20-78</b>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |
| Sand                                                                                                                                                            |  |                              | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 30                         | 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield <b>65</b> g.p.m.                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |
| Clay                                                                                                                                                            |  |                              | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 36                         | 13. Water sample submitted: ____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                        |
| Sand-Gravel                                                                                                                                                     |  |                              | 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 62                         | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                 |  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                 |  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | 16. Nearest source of possible contamination:<br>ft. <b>55</b> Direction <b>nw</b> Type <b>sewer</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                 |  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                                                                                                                                                                                                                                                                                                                                                                        |
| (Use a second sheet if needed)                                                                                                                                  |  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |
| 18. Elevation:                                                                                                                                                  |  | 19. Remarks:<br><b>18-35</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><b>Kellys Waterwell Inc 186</b><br>Business name <b>12 Great Bend, Ks.</b> License No. ____<br>Address <b>Kellys Waterwell Inc</b> Date <b>4-22-78</b><br>Signed <b>Kellys Waterwell Inc</b> Authorized representative |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley |  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                        |

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

Form WWC-5