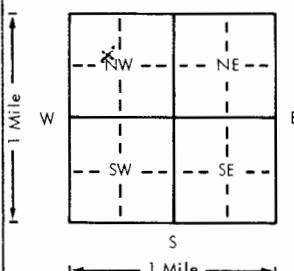


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Robbins #1

1. Location of well: County <u>Barton</u> Fraction <u>SE 1/4 NW 1/4 NW 1/4</u> Section number <u>10</u> Township number <u>T 20 S</u> Range number <u>R 13 W</u> E/W			
2. Distance and direction from nearest town or city: <u>2 south</u> Street address of well location if in city: <u>east St Bend</u>		3. Owner of well: <u>Duke Drilling Co I.D. Drilling</u> R.R. or street: <u>Great Bend</u> City, state, zip code: <u>Kansas</u>	
4. Locate with "X" in section below: 		6. Bore hole dia. <u>5</u> in. Completion date <u>2-9-78</u> Well depth <u>40</u> ft.	
5. Type and color of material		7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
		8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☒ Oil field water ☐ Other	
		9. Casing: Material <u>Plastic</u> Height: <u>Above</u> or below Threaded ☐ Welded ☒ Surface <u>12</u> in. RMP ☐ PVC ☒ Weight <u>62.6</u> lbs./ft. Dia. <u>2</u> in. to <u>40</u> ft. depth Wall Thickness: <u>inches</u> or <u>gauge</u> No. <u>several</u> 40	
		10. Screen: Manufacturer's name <u>Self made</u> Type <u>PC</u> Dia. <u>2</u> Slot/Gauze <u>5</u> Length <u>10</u> Set between <u>30</u> ft. and <u>40</u> ft. Gravel pack? ☐ Size range of material	
		11. Static water level: <u>12</u> ft. below land surface Date <u>2-9-78</u> mo./day/yr.	
		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: ____ Yes ☒ No Date ____ mo./day/yr.	
		14. Well head completion: ☐ Pitless adapter ____ inches above grade	
		15. Well grouted? <u>Yes</u> With: ☒ Neat cement ☒ Bentonite ☐ Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
		16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ No	
		17. Pump: ☒ 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 ☐ 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. <u>Myers water well</u> Business name <u>St Bend Ko</u> License No. ____ Address <u>St Bend</u> Signed <u>A Myers</u> Date <u>2-9-78</u> Authorized representative		

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

Form WWC-5