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

WATER WELL RECORD
KSA 82a-1201-1215

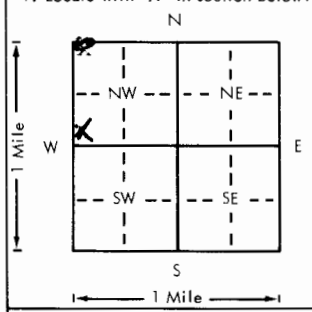
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	~~XX NW~~ SW 1/4 NW 1/4	16	T 20 S	R 13 E/W

2. Distance and direction from nearest town or city:
2½ miles South of Great Bend, KS
Street address of well location if in city:

3. Owner of well: Glenn Irick
R.R. or street: Route 2
City, state, zip code: Great Bend, KS 67530

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



6. Bore hole dia. 9 in. Completion date 9-22-77
Well depth 80' ft.

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

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

9. Casing: Material Styrene Height: Above or below
Threaded __ Welded X Surface 12 in.
RMP __ PVC __ Weight 1.5 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. 200#

5. Type and color of material	From	To
Top soil & clay	0	8
Soft black clay	8	13
Fine sand	13	22
Blue clay	22	25
Fine sand & gravel	25	44
Sand & gravel with clay streaks	44	52
Sand	52	58
Sand & gravel	58	68
Blue clay	68	69
Sand & gravel - Fine - Medium	69	80

10. Screen: Manufacturer's name Jess & Lowell
Type Styrene 200 Dia. 5"
Slot/gauze 1/8 Length 20'
Set between 60 ft. and 80 ft.
ft. and ft.
Gravel pack? yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
12'2" ft. below land surface Date 9-22-77

12. Pumping level below land surfaces: N/C
ft. after hrs. pumping g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield g.p.m.

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

14. Well head completion:
__ Pitless adapter 1'10" Inches above grade

15. Well grouted? yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 40 ft. to 50 ft.

16. Nearest source of possible contamination: FIELD
ft. Direction Type
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
__ 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.
Clarke Well Eq., Inc. 185
Business name License No.
Address Great Bend, KS 67530
Signed O. W. Clarke Date 9-24-77
Authorized representative

T 20 R 13 E/W Sec 16 1/4 1/4 1/4 Sec

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

Form WWC-5

M1-1023