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

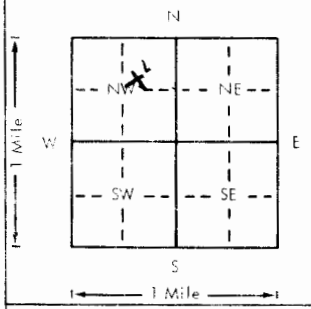
Hart #1

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	SW 1/4 NE 1/4 NW 1/4	17	T 20 S	R 13 W E/W

2. Distance and direction from nearest town or city: 3 south 1½ West
Street address of well location if in city: Great Bend

3. Owner of well: Duke Drilling Co
R.R. or street:
City, state, zip code: Great Bend Ks

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



6. Bore hole dia. 9 in. Completion date
Well depth 65 ft. 11-4-78

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

9. Casing: Material Plastic Height: (Above) or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 287-3 lbs./ft.
Dia. 5 in. to 65 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
Clay	0	18
Sand	18	45
Gravel	45	65

10. Screen: Manufacturer's name Self made
Type PVC Dia. 5
Slot (gauze) 8 Length 20
Set between 45 ft. and 65 ft.
ft. and ft.
Gravel pack? yes Size range of material ⅓ ¼

11. Static water level: mo./day/yr.
18 ft. below land surface Date 11-4-78

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: mo./day/yr.
___ Yes X No Date

14. Well head completion:
___ Pitless adapter ___ Inches above grade

15. Well grouted? yes
With: ___ Neat cement X Bentonite ___ Concrete
Depth: From 0 ft. to 12 ft.

16. Nearest source of possible contamination:
ft. Direction Type
Was disinfected upon completion? ___ 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
X 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.
Business name Myers Water Well License No.
Address Gt Bend Ks 1443
Signed C Myers 11-4-78 Date
Authorized representative

T 20 R 13 W Sec 17 SW 1/4 NE 1/4 NW 1/4

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

Form WWC-5

MI-5023