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

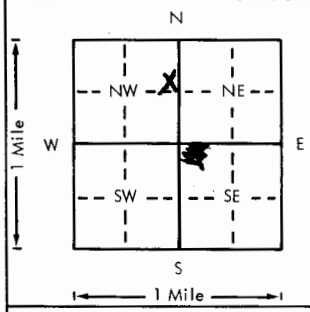
Ratzlmann #1

1. Location of well:	County: Barton	Fraction: SE 1/4 NE 1/4 NW 1/4	Section number: 24	Township number: T 20 S	Range number: R 13 E/W

2. Distance and direction from nearest town or city: 3 South 1/2 east 1/2 South
Street address of well location if in city: Great Bend

3. Owner of well: Hurbe Drilling co
R.R. or street:
City, state, zip code: Great Bend Kans

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Clay	0	19
Sand	19	40
Gravel	40	60

(Use a second sheet if needed)

6. Bore hole dia. 9 in. Completion date 3-23-78
Well depth 60 ft.

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 ____ Height: Above or below
Threaded ____ Welded ✓ Surface 12 in.
RMP ____ PVC ✓ Weight 28.28 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 200 #

10. Screen: Manufacturer's name Shaw Well
Type Sand Dia. 5
Slot/gauze 40 Length 20
Set between ____ ft. and ____ ft.
40 ft. and 60 ft.
Gravel pack? ✓ Size range of material 1/8"

11. Static water level:
19 ft. below land surface Date 3-23-78 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 150 g.p.m.

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

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

15. Well grouted? ✓
With: __ Neat cement ✓ Bentonite __ Concrete
Depth: From 0 ft. to 20 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

20 T 13 R (E/W) 24 Sec
SE 1/4 1/4 1/4

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.
Myers Water Well Service
Business name License No.
Address Great Bend 143
Signed Stanley C. Myers Date
Authorized representative

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

Form WWC-5

3-23-78

MI-1023