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

WATER WELL RECORD
KSA 82a-1201-1215

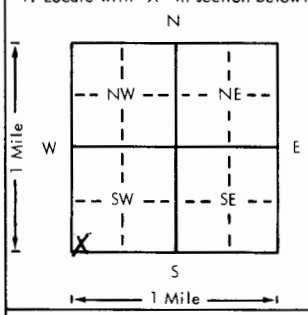
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	SW 1/4 SW 1/4 SW 1/4	4	T 20 S	R 14 E/W

2. Distance and direction from nearest town or city: 3½ W. of Great Bend, Ks
Street address of well location if in city:

3. Owner of well: Irvin Crone
R.R. or street: RR. #1
City, state, zip code: Great Bend, Ks 67530

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. ___ in. Completion date ___
Well depth 67 ft. 8-17-77

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

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

9. Casing: Material PVC
Threaded ___ Welded ___
RMP ___ PVC X
Dia. 4½ in. to 67 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or ~~below~~ Surface 24 in.
Weight ___ lbs./ft.
Wall Thickness: inches or gage No. 1037

5. Type and color of material	From	To
Top soil	0	4
Black clay	4	5
Sand & gravel	5	15
Brown clay	15	16
Sand & Gravel	16	30
Yellow brown clay	30	30½
Sand & gravel	30½	67

(Use a second sheet if needed)

10. Screen: Manufacturer's name Certain Teed
Type PVC Dia. 4½
Slot/gauze 1/16 Length 30
Set between 47 ft. and 67 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material ~~1/8 & 3/8~~

11. Static water level: mo./day/yr.
15 ft. below land surface Date 8-17-77

12. Pumping level below land surfaces:
17 ft. after 1½ hrs. pumping 40 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 60 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 8-17-77

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

15. Well grouted? X
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 18' Direction E Type oil well
Well disinfected upon completion? HTH 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

18. Elevation:
Topography:
___ Hill
X Slope
X 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.
Rosenquist Bros 134
Business name License No.
Address Great Bend Ks 67530
Signed Sandy Kilgore Date 8-23-77
Authorized representative

T 20 R 14 E/W Sec 4 1/4 SW SW SW

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

Form WWC-5

MI-1023