WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Barton	NW ¼ NW ¼ NW ¼	11	T 20 S	R 14 E/W

Distance and direction from nearest town or city? 2 miles south & 2 miles west of Great Bend, KS

Street address of well if located within city?

2 WATER WELL OWNER: Weller Tractor Salvage

RR#, St. Address, Box # : Route 1

City, State, ZIP Code : Great Bend, KS 67530

Board of Agriculture, Division of Water Resources Application Number: Not Required

3 DEPTH OF COMPLETED WELL 63 ft. Bore Hole Diameter 9 in. to 63 ft., and ..... in. to ..... ft.

Well Water to be used as: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)

Well's static water level 12 ft. below land surface measured on 3 month 19 day 80 year

Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield Not Ck'd gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

Casing Joints: Glued X Clamped ..... Welded ..... Threaded .....

Blank casing dia 5 in. to 53 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 12 in., weight 1.5 lbs./ft. Wall thickness or gauge No .200

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole)

Screen or Perforation Openings Are: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ..... 11 None (open hole)

Screen-Perforation Dia 5 in. to 63 ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.

Screen-Perforated Intervals: From 53 ft. to 63 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Gravel Pack Intervals: From 43 ft. to 63 ft., From ..... ft. to ..... ft.
Annular Fill From 10 ft. to 39 ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grouted Intervals: From 0 ft. to 10 ft., From 39 ft. to 43 ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) Field

Direction from well North How many feet 100 ? Water Well Disinfected? Yes xx No

Was a chemical/bacteriological sample submitted to Department? Yes ..... No x If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes x No

If Yes: Pump Manufacturer's name Berkeley Pump Co. Model No. 4AM-11 HP 1/2 Volts 230

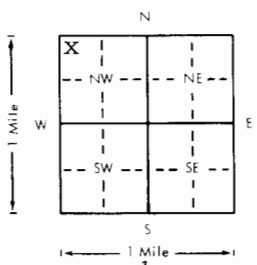
Depth of Pump Intake 42 ft. Pumps Capacity rated at 13 gal. min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 3 month 19 day 1980 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185

This Water Well Record was completed on 4 month 8 day 1980 year under the business name of Clarke Well & Eq., Inc. by (signature) [signature]

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



ELEVATION: unknown

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Fine sand & brown clay			
5	39	Sand & gravel w/streak of yellow clay @ 27'			
39	49	Yellow clay			
49	63	Sand & gravel			

Depth(s) Groundwater Encountered 1 12 ft. 2 ..... ft. 3 ..... ft. 4 ..... ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, *please press firmly* and *PRINT* clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 20 R 14 E/W SEC. 11 NW¼ NW¼ NW¼ NW¼