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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

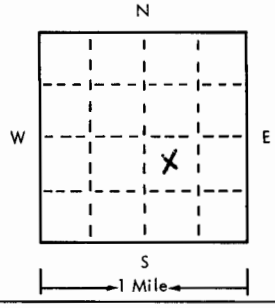
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Barton		NW SE	28	20 S	14 W

Distance and direction from nearest town or city: 10 S.W.
Street address of well location if in city: Great Bend, Ks.

3 Owner of well: Red Tiger Drilling Co
Address: 1720 Wichita Plaza Wichita, Ks

Locate with "X" in section below:



Sketch map:

Rig # 5
Pipe Weight

4 Well depth: 50 ft. Date of completion 2-21-75
Well diameter 5 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☒ Oil Rig

7 Casing: Material B.I. Height: (above)/below
Threaded ☒ Welded ☐ Surface 12 in.
Diam. 2 in. to 50 ft. depth Weight ____ lbs./ft.
____ in. to ____ ft. depth Drive shoe? ☐ Yes ☒ No

2 Type and color of material	From	To
Top Soil - Clay	0	18
Sand	18	40
Sand - Gravel	40	50
Received reply from Robert A Yancek on 4/23/75 that their Company plugged this water well according to 28-30-7 Abandonment Regulations 1, 2 & 3 4/24/75 DWB		

(use a second sheet if needed)

8 Screen:
Manufacturer B.I. Used
Type Sawed Dia. 2"
Slot/gauze 1/16" Length 10'
Set between 40 ft. and 50 ft.
Fittings: 1/8" - 3/4"
Gravel pack ☒ Yes ☐ No Size range of material ____

9 Static water level:
14 ft. below land surface Date 2-21-75

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 50 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade 12

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☒ Bentonite ☐ ____
Depth: From ____ ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 70 Direction E Type Oil Test
Well disinfected upon completion? ☐ Yes ☒ No

15 Pump: ☒ Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation 1895

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

17 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.
Kelly's Water Well Ser. 186
Business name License No.
Address R.2 Great Bend Ks
Signed Kelly Muse Date 2-25-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H