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

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
ounty: Barton	NW ¼ NW ¼ NE ¼	35	T 20 S	R 14 E/W

stance and direction from nearest town or city? 6 mi so. & 1¼ mi. West of Great Bend, KS

Street address of well if located within city?

WATER WELL OWNER: ISOM WRIGHT

R#, St. Address, Box # : Route 2

ty, State, ZIP Code : Great BEnd, KS 67530

Board of Agriculture, Division of Water Resources Application Number: not required

DEPTH OF COMPLETED WELL 68 ft. Bore Hole Diameter 9 in. to 68 ft., and ..... in. to ..... ft.

ell 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)

ell's static water level 27 ft. below land surface measured on 7 month 18 day 1980 year

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

st. Yield NOT CK'D gpm: Well water was ft. after hours pumping gpm

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 XX Clamped ..... Welded ..... Threaded .....

ank casing dia 5 in. to 58 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

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

YPE 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)

creen 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)

creen-Perforation Dia 5 in. to 68 ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.

creen-Perforated Intervals: From 58 ft. to 68 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

ravel Pack Intervals: From 25 ft. to 68 ft., From ..... ft. to ..... ft.
Annular Fill From 10 ft. to 21 ft., From ..... ft. to ..... ft.

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

routed Intervals: From 0 ft. to 10 ft., From 21 ft. to 25 ft., From ..... ft. to ..... ft.

/hat 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) .....

irection from well West How many feet 100 ? Water Well Disinfected? Yes XX No .....

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

Yes: Pump Manufacturer's name ..... Model No. ..... HP ..... Volts .....

epth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.

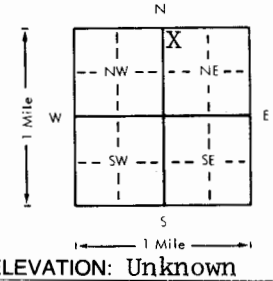
ype of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was ompleted on 7 month 18 day 1980 year.

nd this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185

his Water Well Record was completed on 11 month 4 day 1980 year under the business ame of CLARKE WELL & EQ., INC. by (signature) O W Clarke

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



ELEVATION: Unknown

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	15	Fine sand, topsoil & sandy brown clay			
15	22	Sandy brown clay & fine sand			
22	30	Very fine sand & gravel			
30	34	Sandy brown clay			
34	45	Sand & gravel, Med. to fine			
45	68	Sand & gravel, Med.			

Depth(s) Groundwater Encountered 1 27 ft. 2 ..... ft. 3 ..... ft. 4 ..... ft. (Use a second sheet if needed)

NSTRUCTIONS: 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 opies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and etain one for your records.

OFFICE USE ONLY T 20 R 14 E/W SEC. 35 NW ¼ NW ¼ NE ¼