29A

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

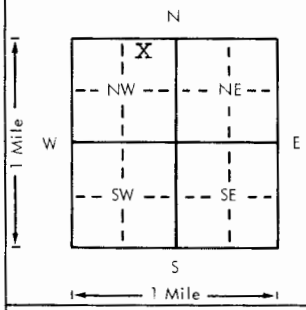
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	nw 1/4 ne 1/4 nw 1/4	9	T 20 S	R 15w E/W

2. Distance and direction from nearest town or city: 4½n 3/4w
Street address of well location if in city: Pawnee# Rock, Ks.

3. Owner of well: Dwayne Deckert
R.R. or street: R1 Pawnee Rock Ks.
City, state, zip code:

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 8 in. Completion date
Well depth 97 ft. 12-18-77

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 ____ Height: Above ~~XXXX~~ below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC X Weight 2.8 lbs./ft.
Dia. 5 in. to 97 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. sch 40

5. Type and color of material	From	To
Top Soil-Clay	0	20
Clay	20	65
Clay-Sand Rock	65	75
Sand Rock	75	97
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jetstream
Type pcv Dia. 5"
Slot/gauze 1/32" Length 20'
Set between 77 ft. and 97 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/8-3/4"

11. Static water level: mo./day/yr.
58 ft. below land surface Date 12-18-77

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 25 g.p.m.

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

14. Well head completion:
X Pitless adapter ____ Inches above grade

15. Well grouted? X
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 4 ft. to 14 ft.

16. Nearest source of possible contamination:
ft. 65 Direction e Type sewer
Well disinfected upon completion? X Yes ____ No

17. Pump: X 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: 1994
Topography:
__ Hill
__ 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.
Kellys Waterwell Ser 186
Business name License No.
Address R2 Great Bend, Ks.
Signed Kelly Price Date 3-22-78
Authorized representative

T 20 R 15 (W) Sec 9 1/4 1/4 1/4 NW NE SW

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

Form WWC-5

MI-1023