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

WATER WELL RECORD
KSA 82a-1201-1215

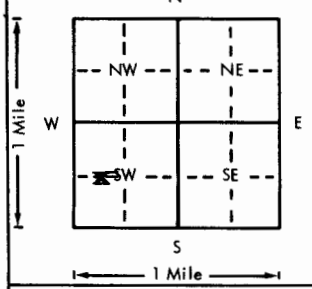
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	1/4 CW½ ~~XX~~ SW 1/4	25	T 20 S	R 15 E/W

2. Distance and direction from nearest town or city:
2½ mi. Northeast of Pawnee Rock, KS
Street address of well location if in city:

3. Owner of well: E. L. Dirks (Gene)
R.R. or street: 201 Oak Forest Trail
City, state, zip code: Euless, TX 76039

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 24 in. Completion date 4-2-76
Well depth 48 ft.

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

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

9. Casing: Material Steel Height Above or below
Threaded ____ Welded X Surface 12 in.
RMP ____ PVC ____ Weight 30.3 lbs./ft.
Dia. 16 in. to 24 ft. depth Wall Thickness: inches or
Dia. 16 in. to 48 ft. depth gage No. 7 ga.

5. Type and color of material	From	To
Top soil	0	4
Sand & gravel	4	46
Brown clay	46	48

(Use a second sheet if needed)

10. Screen: Manufacturer's name Doerr (D) & Johnson Division (J) -.125 Irr.
Type Double-slot M Dia. 16"
Slot gauze 1/8 Length 23'
Set between (D) 24 ft. and 32 ft.
(J) 32 ft. and 47 ft.
Gravel pack? Yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
8 ft. below land surface Date 12-19-75

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

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

14. Well head completion:
__ Pitless adapter 12 Inches above grade

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

16. Nearest source of possible contamination:
NONE KNOWN
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ____ Yes X No

17. Pump: __ Not installed
Manufacturer's name FMC Corp./Peerless
Model number 12MB-2 HP 30 Volts 460
Length of drop pipe 40 ft. capacity 900 g.p.m.
Type:
__ Submersible X Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
____ Hill
____ Slope
____ 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.
Clarke Well & Eq., Inc. 185
Business name License No.
Address Great BEnd, KS
Signed O W Clarke Date 4-13-76
Authorized representative

T 20 R 15 E Sec 25 C W½ SW

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

Form WWC-5

MI-1023