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

WATER WELL RECORD
KSA 82a-1201-1215

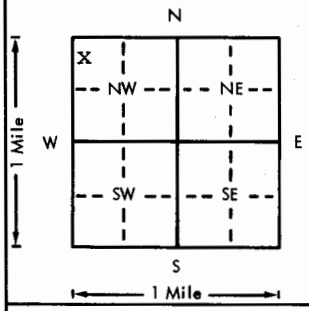
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	1/4 NW 1/4 NW 1/4	35	T 20 S	R 15 E/W

2. Distance and direction from nearest town or city:
1½ miles NE of Pawnee Rock, KS
Street address of well location if in city:

3. Owner of well: Roger Unruh
R.R. or street: Route 1
City, state, zip code: Pawnee Rock, KS 67567

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



6. Bore hole dia. 24 in. Completion date 6-15-76
Well depth 34 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 21 ft. depth Wall Thickness: inches or
Dia. 16 in. to 34 ft. depth gage No. 7 ga.

5. Type and color of material	From	To
top soil	0	3
brown clay	3	6
sand & gravel	6	30
→ Dakota clay	30	34

(Use a second sheet if needed)

10. Screen: Manufacturer's name Johnson
Type .125 Irrigator Dia. 16"
Slot/gauze 1/8" Length 10'
Set between 21 ft. and 31 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
17' ft. below land surface Date 3-29-76

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 10LB-1 HP 10 Volts 460
Length of drop pipe 30 ft. capacity 400 g.p.m.
Type:
__ Submersible X Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

T 20 R 15 E/W Sec 35 1/4 NW 1/4 NW 1/4

18. Elevation: 1935
Topography:
__ Hill
__ Slope
__ Upland
__ Valley

19. Remarks: 25641

20 15 35 BBC

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 67530
Signed [signature] Date 6-22-76
Authorized representative

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

Form WWC-5

MI-1023