

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

*Barstow #1*

|  |   |
|--|---|
| 1. Location of well: County <i>Linn</i> Fraction <i>NE 1/4 NW 1/4 SE 1/4</i> Section number <i>14</i> Township number <i>T 22 S</i> Range number <i>R 15 W</i>   |   |
| 2. Distance and direction from nearest town or city: <i>4 South</i><br>Street address of well location if in city: <i>2 West Radium</i>  |   |
| 3. Owner of well: <i>Duke Drilling Co</i><br>R.R. or street: <i>Great Bend Ks</i><br>City, state, zip code:  |   |
| 4. Locate with "X" in section below: Sketch map:<br><div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>1 Mile</p> <p>1 Mile</p> </div> </div>  |   |
| 5. Type and color of material  |   |
|  | From To   |
| <i>Sandy Clay</i>  | <i>0 20</i>   |
| <i>Sand</i>  | <i>20 50</i>  |
| <i>Gravel</i>  | <i>50 70</i>  |
| 6. Bore hole dia. <i>8</i> in. Completion date <i>6-13-77</i><br>Well depth <i>70</i> ft.  |   |
| 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |   |
| 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other   |   |
| 9. Casing: Material <i>Plastic</i> Height: <input checked="" type="checkbox"/> Above or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>17</i> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>287.3</i> lbs./ft.<br>Dia. <i>5</i> in. to <i>24</i> ft. depth Wall Thickness: <i>inches</i><br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <i>205</i>   |   |
| 10. Screen: Manufacturer's name <i>Self grade</i><br>Type <i>PKC</i> Dia. <i>5</i><br>Slot gauge <i>5</i> Length <i>20</i><br>Set between <i>50</i> ft. and <i>70</i> ft.<br>Gravel pack? <i>yes</i> size range of material <i>5-1/2"</i>  |   |
| 11. Static water level: <i>18</i> ft. below land surface Date <i>6-13-77</i><br>mo./day/yr.  |   |
| 12. Pumping level below land surfaces:<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <input type="checkbox"/> g.p.m.  |   |
| 13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.  |   |
| 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade   |   |
| 15. Well grouted? <i>yes</i><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <i>0</i> ft. to <i>10</i> ft.  |   |
| 16. Nearest source of possible contamination:<br>ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name <input type="checkbox"/><br>Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/><br>Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |   |
| (Use a second sheet if needed)   |   |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley  | 19. Remarks:<br><br>20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><i>myers water well</i><br>Business name <i>myers water well</i> License No. <input type="checkbox"/><br>Address: <i>Great Bend Ks 143</i><br>Signed <i>A Myers</i> Date <i>6-13-77</i><br>Authorized representative |

T 22 S  
 R 15 W  
 Sec 14  
 NE 1/4 SE 1/4

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

Form WWC-5