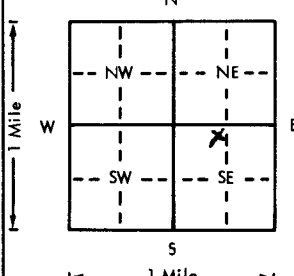


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Larned</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>		3. Owner of well: <i>Duke Drilling Co</i>			
Street address of well location if in city: <i>2 West Radium</i>		R.R. or street: <i>Great Bend Ks</i>			
City, state, zip code:					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>8</i> in. Completion date <i>6-13-77</i>	
				Well depth <i>10</i> ft.	
5. Type and color of material		From	To	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
<i>Sandy Clay</i>		<i>0</i>	<i>20</i>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
<i>Sand</i>		<i>20</i>	<i>50</i>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
<i>Gravel</i>		<i>50</i>	<i>70</i>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
				<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	
				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in.	
				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>287.3</i> lbs./ft.	
				Dia. <i>5</i> in. to <i>24</i> ft. depth Wall Thickness: <i>inches</i>	
				Dia. <i>in.</i> to <i>ft.</i> depth Gauge No. <i>2005</i>	
				10. Screen: Manufacturer's name <i>Self grade</i>	
				Type <i>PKA</i> Dia. <i>5</i>	
				Slot gauge <i>5</i> Length <i>30</i>	
				Set between <i>50</i> ft. and <i>70</i> ft.	
				Gravel pack? <i>yes</i> Size range of material <i>5-10</i>	
				11. Static water level: <i>18</i> ft. below land surface Date <i>6-13-77</i>	
				12. Pumping level below land surfaces:	
				<i>18</i> ft. after <i>12</i> hrs. pumping <i>g.p.m.</i>	
				<i>18</i> ft. after <i>12</i> hrs. pumping <i>g.p.m.</i>	
				Estimated maximum yield <i>g.p.m.</i>	
				13. Water sample submitted: <i>mo./day/yr.</i>	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <i>6-13-77</i>	
				14. Well head completion:	
				<input type="checkbox"/> Pitless adapter <i>12</i> inches above grade	
				15. Well grouted? <i>yes</i>	
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				Depth: From <i>0</i> ft. to <i>10</i> ft.	
				16. Nearest source of possible contamination:	
				ft. <i>0</i> Direction <i>SE</i> Type <i>14</i>	
				Well disinfected upon completion? <i>yes</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				17. Pump: <input checked="" type="checkbox"/> Not installed	
				Manufacturer's name <i>Myers</i>	
				Model number <i>143</i> HP <i>1/4</i> Volts <i>115</i>	
				Length of drop pipe <i>14</i> ft. capacity <i>14</i> g.p.m.	
				Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine	
				<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
				<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation:		20. Water well contractor's certification:			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
19. Remarks:		Business name <i>Myers</i> License No. <i>143</i>			
		Address <i>Great Bend Ks</i>			
		Signed <i>Q Myers</i> Date <i>6-13-77</i>			
		Authorized representative			

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

Form WWC-5