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

WATER WELL RECORD
KSA 82a-1201-1215

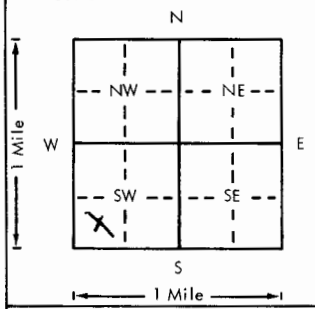
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Reno	Fraction: C 1/4 SW 1/4 SW 1/4	Section number: 6	Township number: T 26 (S)	Range number: R 8 (E/W)

2. Distance and direction from nearest town or city: ~~LANGTON~~ ~~3 SOUTH 4 EAST~~ Northside
Street address of well location if in city: ~~E. Arlington - 2 1/2 mile~~

3. Owner of well: B-N Delg.
R.R. or street: 1010 WALNUT
City, state, zip code: GREAT BEND KAS. 67530

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 9 in. Completion date 3-6-79
Well depth 60 ft.

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

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

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded X Surface 12 in.
RMP ____ PVC X Weight 278.3 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 200 #26

5. Type and color of material	From	To
Sandy Clay	0	20
Clay	20	40
Gravel	40	60
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Cascless
Type Saw Dia. 5
Slot/gauze 18 Length 20
Set between 60 ft. and 40 ft.
____ ft. and ____ ft.
Gravel pack? ____ Size range of material ____

11. Static water level: mo./day/yr.
10 ft. below land surface Date 3-6-79

12. Pumping level below land surfaces:
____ 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: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type None
Well disinfected upon completion? ____ Yes X 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

T 26 R 8 E/W Sec 6 1/4 1/4 1/4 C SE SE

18. Elevation:

Topography:
__ Hill
X 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.
Myer Water Well 143
Business name License No.
Address Great Bend Ks 67530
Signed Lloyd Rosendahl Date
Authorized representative 9-6-79

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

Form WWC-5

MI-1023