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

WATER WELL RECORD
KSA 82a-1201-1215

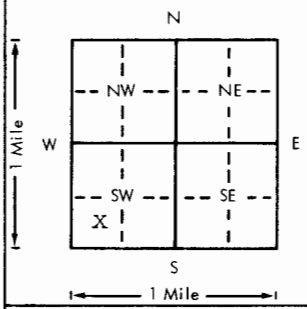
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barber	C 1/4 SW 1/4 SW 1/4	24	T 32 S	R 10 E (W)

2. Distance and direction from nearest town or city:
4-E 1-S 660'-W 660'N of Sharon, Ks.
Street address of well location if in city:

3. Owner of well: Slawson Drilling Co.
R.R. or street: Box 1131
City, state, zip code: Great Bend, Kansas 67530

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



6. Bore hole dia. 10 in. Completion date
Well depth 70 ft. 1-28-79

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 pvc Height: Above or ~~below~~
Threaded ___ Welded ___ Surface 18 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 4½ in. to 70 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .237

5. Type and color of material	From	To
top soil	0	2
redish brown clay	2	16
brown & white clay	16	23
sand & gravel w/lot of clay	23	27
sand & gravel clean coarse loose	27	71

(Use a second sheet if needed)

10. Screen: Manufacturer's name CertainTeed
Type pvc Dia.
Slot/gage 1/16 Length 20
Set between 51 ft. and 71 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 3/4 3/8

11. Static water level: mo./day/yr.
7 ft. below land surface Date 1-28-79

12. Pumping level below land surfaces: na
___ 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 ___ Inches above grade

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

16. Nearest source of possible contamination:
ft. 750 Direction south Type septic
Well disinfected upon completion? X Yes ___ 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

18. Elevation:

Topography:
___ Hill
___ Slope
X 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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Ks. 67530
Signed Sandy Gilgore Date 3-5-79
Authorized representative

T 32 R 10 E (W) Sec 24 1/4 C SW 1/4 SW 1/4

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

Form WWC-5

MI-1023