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

WATER WELL RECORD
KSA 82a-1201-1215

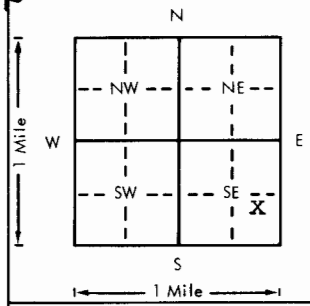
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barber	n½ 1/4 ~~ne~~ SE 1/4 se 1/4	5	T 32 S	R 12 E/W

2. Distance and direction from nearest town or city:
3-W 1-N of Medicine Lodge, Ks.
Street address of well location if in city:

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

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
sandy top soil	0	4
sandy clay	4	8
fine sand	8	30
brown clay	30	41
good clean gravel	41	59
red bed	59	60

(Use a second sheet if needed)

6. Bore hole dia. 10 in. Completion date ____
Well depth 60 ft. 1-8-79

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
Threaded ____ Welded ____
RMP ____ PVC X
Dia 4½ in. to 60 ft. depth
Dia. ____ in. to ____ ft. depth
Height: Above or ~~Below~~
Surface 18 in.
Weight ____ lbs./ft.
Wall Thickness: inches or gage No. .237

10. Screen: Manufacturer's name CertainTeed
Type pvc Dia. ____
Slot/~~size~~ 1/16 Length 20
Set between 40 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material ¼-3/4 3/8

11. Static water level: mo./day/yr.
6 ft. below land surface Date 1-8-79

12. Pumping level below land surfaces:
6 ft. after 1 hrs. pumping 75 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 150 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. 75 Direction SW Type oilwell
Well disinfected upon completion? ~~yes~~ 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
__ Upland
X 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, Kansas 67530
Signed Sandy Kilpoe Date 2-14-79
Authorized representative

T 32 R 12 E/W Sec 5 1/4 1/4 1/4 1/4

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

Form WWC-5

M1-1023