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

WATER WELL RECORD
KSA 82a-1201-1215

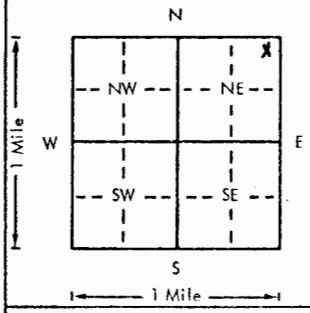
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	MEADE	NE 1/4 NE 1/4 NE 1/4	25	T 32 S	R 30 E/W

2. Distance and direction from nearest town or city: 1mS 2 3/4 E 1/4 S of PLAINS
Street address of well location if in city:

3. Owner of well: MARTHA A. BARNHART
R.R. or street:
City, state, zip code: MEADE KANSAS 67864

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 9 in. Completion date 4/15/81
Well depth 320 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 PVC Height: Above or below
Threaded ___ Welded ___ Surface 14 in.
RMP ___ PVC glued Weight ___ lbs./ft.
Dia. 5 in. to 240 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 0258

5. Type and color of material	From	To
OVERBURDEN	0	170
Medium to coarse sand	170	180
medium sand stks + clay	180	220
medium sand + clay	220	240
medium to coarse sand	240	300
coarse sand + clay	300	320

(Use a second sheet if needed)

10. Screen: Manufacturer's name Lone Star
Type PVC Dia. 5
Slot/gauze 1/16 Length 80
Set between 240 ft. and 320 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/8

11. Static water level: mo./day/yr.
170 ft. below land surface Date 4/15/81

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 70 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ___

14. Well head completion:
__ Pitless adapter 14 Inches above grade

15. Well grouted? Yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination: None
ft. ___ Direction ___ Type ___
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Pioneer
Model number B7032KA HP 7 1/2 Volts 230
Length of drop pipe 231 ft. capacity 70 g.p.m.
Type:
X Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T ___ R ___ E/W ___ Sec ___ 1/4 1/4 1/4

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ Valley

19. Remarks:
16. well in pasture
17. pump was used for 12 days then pulled. well was capped.

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.
E-W WATER WELL SERVICE 142
Business name License No.
Address Box 816 Liberal Ks
Signed [signature] Date 4/30/81
Authorized representative

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

Form WWC-5

M1-1023