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

WATER WELL RECORD
KSA 82a-1201-1215

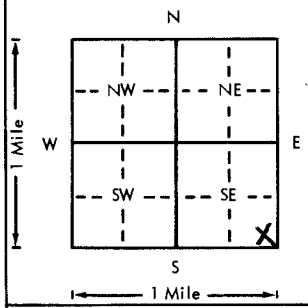
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Cloud	SE 1/4 SE 1/4 SE 1/4	14	T 8 S	R 5 E/W

2. Distance and direction from nearest town or city: 3/4 - South of Glasco, Ks.
Street address of well location if in city:

3. Owner of well: Leo Barndt
R.R. or street: none
City, state, zip code: Glasco, Kansas 67445

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top soil	0	3
Brown clay	3	25
Fine sand	25	30
Clay	30	35
Good sand & gravel	35	47

(Use a second sheet if needed)

6. Bore hole dia. 10 in. Completion date 1-21-75
Well depth 47 ft.

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

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

9. Casing: Material PVC Height: Above or ~~below~~
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 5 1/4 in. to 47 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .258

10. Screen: Manufacturer's name Certainteed
Type PVC Dia. ___
Slot/gauze 1/16 Length 10
Set between 37 ft. and 47 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/2 3/4 3/8

11. Static water level: mo./day/yr.
19 1/2 ft. below land surface Date 1-21-75

12. Pumping level below lond surfaces:
23 ft. after 1 hrs. pumping 75 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 300 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes __ No Date 1-21-75

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. 100 Direction South Type Septic
Well disinfected upon completion? ✓ 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 L. Kilgore, Authorized representative Date 1/6/79

T 8 R 5 (W) m Sec 14 1/4 SE SE SE 1/4

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

Form WWC-5

MI-1023