

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

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

2

SWSESW

1 Location of well:	County <b>Pott</b>	Township name <b>Spring Creek</b>	Fraction <b>West</b>	Section number <b>Sec. 33</b>	Town number <b>T6S</b>	Range number <b>R8E</b>
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Distance and direction from nearest town or city: **3N1W of Fortaria**

Street address of well location if in city: **Westland ~~Disburg~~ Kans.**

3 Owner of well: **Harold Greenegard**

Locate with "X" in section below:

Sketch map:

W E

S

1 Mile

4 Well depth: **77** ft. Date of completion **3/6/75**  
Well diameter **5"** in.

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug  
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry  
☐ Irrigation ☐ Air conditioning ☐ Commercial  
☐ Test well ☒ **House Water**

7 Casing: Material **PVC** Height: **above** below  
Threaded ☐ Welded ☐ Surface **29** in.  
Diam. **Cement** Weight **5** lbs./ft. **5** in. to **77** ft. depth Drive shoe? ☐ Yes ☐ No  
**Well Plug**

8 Screen: Manufacturer **Homade Pumpco**  
Type **Slotted PVC** Dia. **5 in.**  
Slot gauge **.80** Length **40'**  
Set between **39** ft. and **47** ft.  
Fittings: **1/8-1/2**  
Gravel pack ☒ Yes ☐ No Size range of material **NO**

9 Static water level: **50** ft. below land surface Date **3/6/75**

10 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.

11 Water sample submitted: ☒ Yes ☐ No Date **3/6/75**

12 Well head completion: ☐ Pitless adapter **N.A.** Inches above grade

13 Well grouted? ☒ Yes ☐ No  
☒ Neat cement ☐ Bentonite ☐ \_\_\_\_\_  
Depth: From **4** ft. to **14** ft.

14 Nearest source of possible contamination: **150** ft. Direction **South** Type **Barn yard**  
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed  
Manufacturer's name \_\_\_\_\_  
Model number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
Length of drop pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ g.m.p.  
Type:  
☐ Submersible ☐ Turbine  
☐ Jet ☐ Reciprocating  
☐ Centrifugal ☐ Other

16 Remarks: elevation **1275**  
Topography:  
☐ Hill  
☐ Slope  
☐ Upland  
☒ Valley

17 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.  
**Happers Drlg. Service**  
Business **Bye Rapids, Ks. 176** License No. \_\_\_\_\_  
Address \_\_\_\_\_  
Signed **E. E. Happer** Date **3-6-75**  
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5