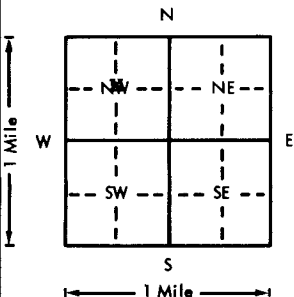


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Kiowa | Fraction 1/4 1/4 CNW 1/4 | Section number 30 | Township number T 27 S | Range number R 17 E/W |
| 2. Distance and direction from nearest town or city: 7 1/2 mi. Northeast of Greensburg, KS Street address of well location if in city: | | | 3. Owner of well: Gary Taylor R.R. or street: Route 3 City, state, zip code: Great Bend, KS 67530 | | |
| 4. Locate with "X" in section below: <div style="text-align: center;">  </div> | | | Sketch map: | | |
| 5. Type and color of material | | | From | To | 6. Bore hole dia. _____ in. Completion date 4-15-76 Well depth _____ ft. |
| Refer to Well Record Dated 3-3-76 under Don Pawley, Owner. This well was then sold to Gary Taylor and completed with pump, etc. | | | | | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary |
| | | | | | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other |
| | | | | | 9. Casing: Material _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____ |
| | | | | | 10. Screen: Manufacturer's name _____ Type _____ Dia. _____ <u>Slot</u> gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____ |
| | | | | | 11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____ |
| | | | | | 12. 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. |
| | | | | | 13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____ |
| | | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade |
| | | | | | 15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft. |
| | | | | | 16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes _____ No _____ |
| | | | | | 17. Pump: _____ Not installed Manufacturer's name FMC/Peerless Model number 12LB-2 HP 60 Volts 460 Length of drop pipe 60 ft. capacity 900 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
| (Use a second sheet if needed) | | | | | |
| 18. Elevation: | 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. Clarke Well & Eq., Inc. 185 Business name Great Bend, KS 67530 License No. _____ Address Great Bend, KS 67530 Signed D.W. Clark Date 4-20-76 Authorized representative | | |

27
 17
 30
 1/4
 1/4
 1/4

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

Form WWC-5