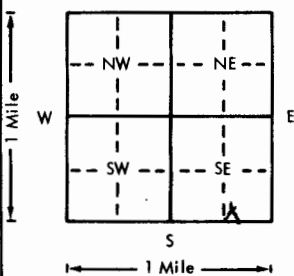


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Kiowa</u> Fraction <u>SW 1/4 SE 1/4</u> Section number <u>25</u> Township number <u>T 27 S</u> Range number <u>R 18 W</u>	
2. Distance and direction from nearest town or city: <u>2 E 4 N Greensburg Kansas</u>	
3. Owner of well: <u>Curt Woods</u> R.R. or street: <u>Greensburg Kansas</u> City, state, zip code: <u>Greensburg Kansas 67054</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
<u>Top Soil</u>	From <u>0</u> To <u>9</u>
<u>Clay</u>	<u>9</u> <u>19</u>
<u>Gravel</u>	<u>19</u> <u>59</u>
<u>Clay</u>	<u>59</u> <u>60</u>
6. Bore hole dia. <u>8 7/8</u> in. Completion date <u>9-1-76</u> Well depth <u>60</u> ft.	
7. <input type="checkbox"/> Cable tool <input checked="" 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>22</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>STD</u> lbs./ft. Dia. <u>4</u> in. to <u>60</u> ft. depth Wall thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u> </u>	
10. Screen: Manufacturer's name <u>Torch Test</u> Type <u> </u> Dia. <u>4"</u> Slot/gauze <u>Slot</u> Length <u>15</u> Set between <u>45</u> ft. and <u>60</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u> </u>	
11. Static water level: <u>21</u> ft. below land surface Date <u>9-1-76</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>Pump</u> <u> </u> ft. after <u> </u> hrs. pumping <u>Not tested</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.	
13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
14. Well head completion: <u> </u> Pitless adapter <u>22</u> Inches above grade	
15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>Hogs</u> ft. <u> </u> Direction <u> </u> Type <u>Hogs</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m. Type: <input type="checkbox"/> Submersible <input 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Pumps to be installed by owner Carl</u>
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. <u>Carl Haysch W.W. Service 224</u> Business name <u> </u> License No. <u> </u> Address <u>662 Maple Greensburg Kansas</u> Signed <u>Carl Haysch</u> Date <u>9-1-76</u> Authorized representative	

27
 18 W
 25
 SUBSE
 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