

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 <b>Kiowa</b>	Fraction <b>Center of</b> 1/4 1/4 SW 1/4	Section number <b>36</b>	Township number T <b>27</b> S	Range number R <b>18 W</b>
2. Distance and direction from nearest town or city: <b>1E, 3N, 1/2E, of Greensburg</b> Street address of well location if in city:			3. Owner of well: <b>Harvey Miller</b> R.R. or street: <b>623 S. Grove</b> City, state, zip code: <b>Greensburg, KS 67054</b>			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>28</u> in. Completion date _____ Well depth <u>116</u> ft. <u>12-30-76</u>		
5. Type and color of material		From To		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 checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
Surface		0 2		9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>0</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>16</u> ft. depth gage No. <u>.188</u>		
				10. Screen: Manufacturer's name _____ <u>Doerr</u> Type <u>.188</u> Dia. <u>108 1/8"</u> Slot/gauze _____ Length <u>100</u> Set between <u>16</u> ft. and <u>116</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 to 5/8</u>		
Silty Sand		2 7		11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>12-30-76</u>		
Clay		7 15		12. Pumping level below land surfaces: <u>110</u> ft. after <u>1 1/2</u> hrs. pumping <u>1300</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1300</u> g.p.m.		
Sand		15 19		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Clay		19 24		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
Sand & Gravel		24 98		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
Clay		98 133		16. Nearest source of possible contamination: ft. <u>2 mile</u> Direction <u>East</u> Type <u>farm</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Shale		133 135		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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 checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Woofter Drilling, Inc.</u> <u>343</u> Business name License No. _____ Address <u>Hwy. 56, Dodge City, KS</u> Signed <u>Michael Woofter</u> Date <u>9/6/76</u> Authorized representative		

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

Form WWC-5