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

WATER WELL RECORD
KSA 82a-1201-1215

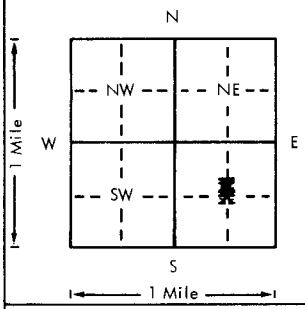
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Kiowa	1/4 c 1/4 se 1/4	25	T 27 S	R 19w E/W

2. Distance and direction from nearest town or city: From Greensburg ~~2w 4½m~~ -west into 2-w 4½-n field
Street address of well location if in city:

3. Owner of well: Robert James
R.R. or street: Mullinville, Ks. 67109
City, state, zip code:

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 29 in. Completion date
Well depth 159 ft. 7-31-76

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

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

9. Casing: Material steel Height: Above or below
Threaded ___ Welded x Surface 12 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 16 in. to 159 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 7

5. Type and color of material	From	To
Sandy top soil	0	2
Brown clay	2	11
Sandy red clay	11	32
Sand and gravel	32	89
Sand and gravel w/ clay	89	116
Sand and gravel	116	159
Gray clay	159	168
Broken sand rock	168	170

(Use a second sheet if needed)

10. Screen: Manufacturer's name Doerrs
Type steel Dia. 16
Slot/gage 3/16 Length 80
Set between 79 ft. and 159 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 3/4-3/8-½

11. Static water level: mo./day/yr.
34 ft. below land surface Date 6-1-76

12. Pumping level below land surfaces:
34 ft. after 1 hrs. pumping 1000 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1400 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 6-1-76

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. 3/4 mile Location nw Type corrall
Well disinfected upon completion? hth Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Jacuzzi
Model number 4-1s HP 80 Volts ___
Length of drop pipe 80 ft. capacity 1000 g.p.m.
Type:
___ Submersible X Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T 27 R 19 (W) Sec 25 1/4 1/4 1/4 CSE

18. Elevation:
Topography:
___ Hill
___ Slope
X Upland
___ 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, ks. 67530
Signed S. Kilgore Date 6-20-77
Authorized representative

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

Form WWC-5

MI-1023