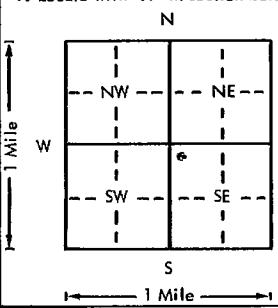


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> Location of well:	County <u>kiowa</u>	Fraction <u>NW/4 SW/4 SE 1/4</u>	Section number <u>29</u>	Township number <u>T 28 S</u>	Range number <u>R 17 E</u>
2. Distance and direction from nearest town or city: <u>10 Miles South of Greensburg Kans</u>			3. Owner of well: <u>Galen Nichols</u> R.R. or street: _____ City, state, zip code: <u>GREENSBURG Kans</u>		
4. Locate with "X" in section below: 			Sketch map: <u>PASTURE</u>		
5. Type and color of material			From	To	6. Bore hole dia. <u>8 3/4 in.</u> Completion date <u>9-28-76</u> Well depth <u>124 ft.</u>
<u>Top Soil</u>			<u>0</u>	<u>4</u>	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
<u>BR. Clay</u>			<u>4</u>	<u>42</u>	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
<u>Gravel 1/8 - 3/8 Dry</u>			<u>42</u>	<u>45</u>	9. Casing: Material <u>RMP</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>16</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>124</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>
<u>Clay-Cream</u>			<u>45</u>	<u>82</u>	10. Screen: Manufacturer's name <u>Sunflower Plastics</u> Type _____ Dia. _____ Slot/gauze <u>Slot</u> Length <u>30'</u> Set between <u>104</u> ft. and <u>124</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 - 1/2</u>
<u>Sand</u>			<u>82</u>	<u>85</u>	11. Static water level: _____ ft. below land surface Date <u>9-28-76</u> mo./day/yr.
<u>Clay-Cream with Sand streaks</u>			<u>85</u>	<u>121</u>	12. Pumping level below land surfaces: <u>13</u> ft. after <u>0</u> hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
<u>Sand</u>			<u>121</u>	<u>124</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
					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:  Tapography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Drilled &amp; set casing Grouted AND LEFT.</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 Hayse</u> Water Well Serv 224 Business name _____ License No. _____ Address <u>1603 So. Maple Greensburg</u> Signed <u>Carl Hayse</u> Date <u>9-28-76</u> Authorized representative		

28  
 17 E  
 29  
 NW/4 SW/4

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

Form WWC-5