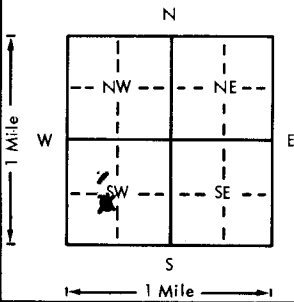


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 NE 1/4 SW 1/4 SW 1/4	Section number 32	Township number T 28 S	Range number R 17 W												
2. Distance and direction from nearest town or city: 4E 3S Greensburg Kansas Street address of well location if in city:			3. Owner of well: Gene West R.R. or street: City, state, zip code Greensburg Kansas														
4. Locate with "X" in section below:  Sketch map:			6. Bore hole dia. 8 3/4 Completion date 7-15-78 Well depth 140 ft.														
5. Type and color of material			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														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>4</td> </tr> <tr> <td>SOFT Tan Clay</td> <td>4</td> <td>40</td> </tr> <tr> <td>Gravel</td> <td>40</td> <td>40</td> </tr> </tbody> </table>				From	To	Top Soil	0	4	SOFT Tan Clay	4	40	Gravel	40	40	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		
				From	To												
Top Soil	0	4															
SOFT Tan Clay	4	40															
Gravel	40	40															
			9. Casing: Material PI Height: Above or below Threaded <input type="checkbox"/> Welded GI Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 140 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200														
			10. Screen: Manufacturer's name Sunflower Plastic Type RMP Dia. 5" Slot gauge 1/8 Length 20 Set between 120 ft. and 140 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 4/16														
			11. Static water level: _____ mo./day/yr. 85 ft. below land surface Date 7-15-78														
			12. Pumping level below land surfaces: 85 ft. after 1 hrs. pumping 3 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.														
			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 12 Inches above grade														
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.														
			16. Nearest source of possible contamination: ft. LIVE STOCK Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
			17. Pump: _____ Not installed Manufacturer's name Windmill Model number MP 11 Volts _____ Length of drop pipe 105 ft. capacity 3 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:		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. CARL HAYSE WATER WELL SERV. 224 Business name 603 S. Maple, Greensburg, Kans. License No. _____ Address _____ Signed Carl Hayse Date 7-15-78 Authorized representative													
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley																	

T 28 S 17 W
 R 17 W
 Sec 32 NE SW SW

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

Form WWC-5