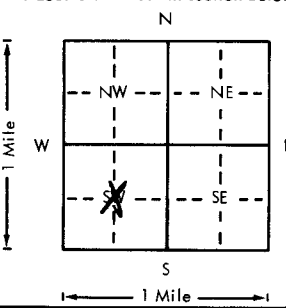


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 1/4 C 1/4 SW 1/4	Section number 5	Township number T 28 S R	Range number 18 (NW)
2. Distance and direction from nearest town or city: <i>1-1/4 N 1/4-W from Greensburg, Ks.</i> Street address of well location if in city:			3. Owner of well: Dale Heft R.R. or street: Greensburg, Ks. 67054 City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 29 in. Completion date _____ Well depth 170 ft. 8-24-76		
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		
			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		
			9. Casing: Material <u>steel</u> Light: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 16 in. to 170 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 7		
			10. Screen: Manufacturer's name _____ Doerrs Type <u>steel</u> Dia. 16 Slot/gage <u>3/16</u> Length 40 Set between 130 ft. and 170 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8-3/4</u> 3/8		
			11. Static water level: 76 ft. below land surface Date 8-5-76 mo./day/yr.		
			12. Pumping level below land surfaces: 74 ft. after 1 hrs. pumping 1000 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1200 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 _____ 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. 79 Direction SE Type Food Lot Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
17. Pump: Not installed Manufacturer's name Layne Bowler Model number 7-10rh HP 80 Volts _____ Length of drop pipe 130 ft. capacity 850 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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 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. Rosencrantz-Bemis 134 Business name License No. _____ Address Great Bend, Ks. Signed S. Kilgore Date 8-20-76 Authorized representative		

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

Form WWC-5