

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 SE NE 1/4 Section number 20 Township number T 28 S R 18 Range number 18 (W)	
2. Distance and direction from nearest town or city: W. City Limit Greensburg Kansas	
3. Owner of well: Bob McFarland R.R. or street: Greensburg City, state, zip code: Greensburg Kansas	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>N</p> <p>1 Mile</p> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
Top Soil	0 3
Dk. Br. Clay + Silt	3 14
Tan Clay + Gyp	14 32
Tan Sandy Clay	32 34
Sand + Gravel	34 41
" + Clay	41 44
Sand + Gravel	44 46
Sand + Clay	46 60
Sand + Gravel	60 94
White Clay	94 100
6. Bore hole dia. 8 1/4 in. Completion date 5-16-79 Well depth 100 ft.	
7. <input checked="" 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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 _____ Height: Above or below Threaded _____ Welded _____ Surface 12 in. RMP <input checked="" type="checkbox"/> PVC _____ Weight 200 lbs./ft. 1.5 Dia. 5 in. to 100 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. 200	
10. Screen: Manufacturer's name SunFlower Plastics Type RMP Dia. 5 1/2 Slot/gauze 1/8 Length 20 Set between 90 ft. and 100 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 4x24	
11. Static water level: _____ mo./day/yr. 83 ft. below land surface Date 5-16-79	
12. Pumping level below land surfaces: 90 ft. after 1 hrs. pumping 10 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: <input checked="" 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 4 ft. to 14 ft.	
16. Nearest source of possible contamination: ft. 80 Direction N Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: _____ Not installed* Manufacturer's name Flint & Walling Model number _____ HP 3/4 Vol. 230 Length of drop pipe 90 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other	
(Use a second sheet if needed)	
18. Elevation: Topography: _____ Hill _____ Slope <input checked="" type="checkbox"/> 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. Clay Hays Water Well Dr. 224 Business name _____ License No. 6020 Clay Hays Therapy Co. Signature _____ Date 5-16-79 Authorized representative	

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

Form WWC-5