

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: <u>D</u>		County <u>Kiowa</u>	Fraction <u>1/4 C 1/4 SE 1/4</u>	Section number <u>3</u>	Township number <u>T 28 S R 19 E</u>	Range number <u>19 E</u>
2. Distance and direction from nearest town or city: <u>4 mi W. 1/4 mi N. West into field from</u> Street address of well location if in city: <u>Greensburg, Ks.</u>				3. Owner of well: <u>Butch Pyle</u> R.R. or street: <u>106 plaza Terrace</u> City, state, zip code: <u>Dodge City, Ks. 67801</u>		
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		
5. Type and color of material				From	To	6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>178</u> ft. <u>7-11-77</u>
<u>Sandy top soil</u>				<u>0</u>	<u>20</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>Brown Clay fine sand</u>				<u>20</u>	<u>60</u>	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
<u>Sand & gravel-med. coarse w/yellow brown clay</u>				<u>60</u>	<u>68</u>	9. Casing: Material <u>steel</u> Height: Above or below <u>XXX</u> Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>178</u> ft. depth! Wall Thickness: inches or Dia. _____ in. to _____ ft. depth! gage No. <u>7</u>
<u>Brown clay</u>				<u>68</u>	<u>70</u>	10. Screen: Manufacturer's name _____ <u>Doerrs</u> Type <u>steel</u> Dia. _____ Slot/gauge <u>3/16</u> Length <u>60'</u> Set between <u>118</u> ft. and <u>XXX 178</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <u>3/4 3/8</u>
<u>Sand & gravel</u>				<u>70</u>	<u>133</u>	11. Static water level: _____ mo./day/yr. <u>73</u> ft. below land surface Date <u>5-12-77</u>
<u>Brown & white clay</u>				<u>133</u>	<u>140</u>	12. Pumping level below land surfaces: <u>82</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1400</u> g.p.m.
<u>Sand & gravel</u>				<u>140</u>	<u>180</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>5-12-77</u>
<u>Yellow white clay</u>				<u>180</u>	<u>185</u>	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 <u>0</u> ft. to <u>10</u> ft.
						16. Nearest source of possible contamination: ft. <u>1</u> mi. Direction <u>NE</u> Type <u>oil well</u> Well disinfected upon completion? <u>HTH</u> Yes <input type="checkbox"/> No
						17. Pump: _____ Not installed Manufacturer's name <u>W.I.R.</u> Model number <u>8-10DH</u> HP <u>80</u> Volts _____ Length of drop pipe <u>130</u> ft. capacity <u>1000</u> 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
						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>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Ks 67530</u> Signed <u>[Signature]</u> Date <u>5-12-77</u> Authorized representative
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5