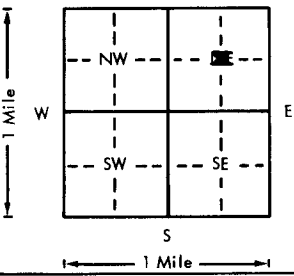


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>C</u>	County <u>Kiowa</u>	Fraction <u>1/4 C 1/4 NE 1/4</u>	Section number <u>3</u>	Township number <u>T 28 S R 19 E (M)</u>	Range number
2. Distance and direction from nearest town or city: <u>4 mi. W. 1 3/4 mi N. West into field</u> Street address of well location if in city: <u>from Greensburg, Ks.</u>			3. Owner of well: <u>Batch 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			6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>183</u> ft. <u>7-21-77</u>		
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> Height: Above or Below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>183</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>		
			10. Screen: Manufacturer's name _____ <u>Doerrs</u> Type <u>steel</u> Dia. <u>16</u> Slot size <u>3/16</u> Length <u>60'</u> Set between <u>123</u> ft. and <u>183</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
			11. Static water level: _____ mo./day/yr. <u>86</u> ft. below land surface Date <u>5-11-77</u>		
			12. Pumping level below land surfaces: <u>91</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.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>5-11-77</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 mi</u> Direction <u>East</u> Type <u>oil well</u> Well disinfected upon completion? <u>HTH</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
17. Pump: _____ Not installed Manufacturer's name <u>W.L.R.</u> Model number <u>8-10DH</u> HP <u>60</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					
(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. <u>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Ks. 67530</u> Signed <u>Sandy Pyle</u> Date <u>8/17/77</u> Authorized representative		

T 28
R 19
E
Sec 3
1/4
1/4
1/4

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

Form WWC-5