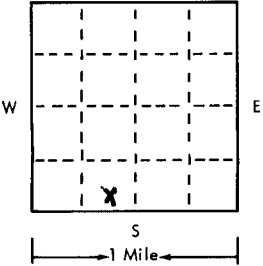


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | |
|--|---------------------|-------------------------------|-------------------------------|--|---------------------------|----------------------------|
| 1 Location of well: | County kiowa | Township name Garfield | Fraction SE 1/4 SW-1/4 | Section number 15 | Town number T-28-S | Range number R-19-W |
| Distance and direction from nearest town or city: Street address of well location if in city: 5 West of Greensburg Kansas | | | | 3 Owner of well: Mable Robertson Address: Greensburg Kansas | | |
| Locate with "X" in section below: N  W E S 1 Mile | | Sketch map: | | 4 Well depth: 120 ft. Date of completion 1-13-75 Well diameter 8 3/4 in. | | |
| 2 Type and color of material | | | | 5 <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 | | |
| | | | | 6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> | | |
| | | | | 7 Casing: Material RMP Height: above /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. Weight _____ lbs./ft. — 5 in. to 120 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth | | |
| | | | | 8 Screen: classy Lowell Manufacturer RMP Dia. 5" Type RMP Slot/pauze 1/8 Length 30' Set between 48 ft. and 120 ft. — Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____ | | |
| | | | | 9 Static water level: 94 ft. below land surface Date 1-13-75 | | |
| Type and color of material | | | | 10 Pumping level below land surfaces: 100 ft. after 2 hrs. pumping 12 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 g.p.m. | | |
| Sandy loam | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| Gravel | | | | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 inches above grade | | |
| Yellow Clay | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 4 ft. to 14 ft. | | |
| Gravel 1/2 to 1" | | | | 14 Nearest source of possible contamination: ft. 50 Direction NW Type BARN YARD Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (use a second sheet if needed) | | | | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Gould Model number 222 HP 3/4 Vol 220 Length of drop pipe 104 ft. capacity 12 g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| 16 Remarks: elevation Land Slopes FROM Well To BARN YARD | | | | 17 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 Hays Water Well 387 227 Business name _____ license No. _____ Address 603 So. Maple Signed Carl Hays Date 2-9-75 Authorized representative | | |

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

Revised AS ORDERED