

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 <u>Kiowa</u> Fraction <u>NW 1/4 NE 1/4</u> Section number <u>26</u> Township number <u>T 28 S R 19</u> Range number <u>19</u> (EM)	
2. Distance and direction from nearest town or city: <u>1 S 3 W GREENSBURG Kansas</u>	
3. Owner of well: <u>Cecil Vieux</u> R.R. or street: City, state, zip code: <u>Greensburg Kansas</u>	
4. Locate with "X" in section below: Sketch map: <div style="text-align: center;"> </div>	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 2</u>
<u>Bl. Clay</u>	<u>2 4</u>
<u>Fan Clay</u>	<u>4 67</u>
<u>Dry Sand</u>	<u>67 84</u>
<u>Clay</u>	<u>84 87</u>
<u>GRAVEL</u>	<u>87 160</u>
(Use a second sheet if needed)	
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	6. Bore hole dia. <u>5</u> in. Completion date <u>4-14-78</u> Well depth <u>160</u> 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 <u>PI</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>SI</u> Surface <u>14</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>160</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>200</u> 10. Screen: Manufacturer's name <u>SunFlower Plastic</u> Type <u>RMP</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>30</u> Set between <u>140</u> ft. and <u>760</u> ft. <input type="checkbox"/> Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 x 3/4</u> 11. Static water level: _____ mo./day/yr. <u>90</u> ft. below land surface Date <u>4-14-78</u> 12. Pumping level below land surfaces: <u>90</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> 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 checked="" type="checkbox"/> Pitless adapter <u>14</u> 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>3</u> ft. to <u>14</u> ft. 16. Nearest source of possible contamination: <u>125</u> ft. Direction <u>W</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Pump: _____ Not installed Manufacturer's name <u>Flint + Walling</u> Model number <u>10BQ15</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>145</u> ft. capacity <u>10</u> g.p.m. 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
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>CARL HAYSE WATER WELL SERV. 224</u> <u>603 S. Maple, Greensburg, Kans.</u> Address: _____ License No. _____ Signed <u>Carl Hayse</u> Date <u>4-14-78</u> Authorized representative	

T 28 S 19 R 19
 Sec NW 1/4 NE 1/4

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

Form WWC-5