

10-6-75

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 <b>Kiowa</b>	Township name <b>Greffield</b>	Fraction <b>NENWNW</b>	Section number <b>34</b>	Town number <b>T28S</b>	Range number <b>R19W</b>
Distance and direction from nearest town or city: <b>6W2S of Greensburg, KS</b>				3 Owner of well: <b>Lincoln Dirks</b> Address: <b>@ Greensburg Kansas</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>155</b> ft. Date of completion <b>4-15-75</b> Well diameter <b>8 3/4</b> in.			
				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			
				7 Casing: Material <b>RMP</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>155</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>155</b> ft. depth			
2		Type and color of material		From	To	8 Screen: <b>class &amp; Lowell</b> Manufacturer: <b>RMP</b> Dia. <b>5 1/2</b> Type <b>RMP</b> Dia. <b>5 1/2</b> Slot <b>3/16</b> Length <b>30'</b> Set between <b>125</b> ft. and <b>155</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>4/4</b>	
		<b>Top Soil</b>		<b>0</b>	<b>3</b>	9 Static water level: <b>120</b> ft. below land surface Date <b>4-15-75</b>	
		<b>DK. BROWN Clay</b>		<b>3</b>	<b>11</b>	10 Pumping level below land surfaces: <b>130</b> ft. after <b>2</b> hrs. pumping <b>12</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>18</b> g.p.m.	
		<b>H. Tan Clay</b>		<b>11</b>	<b>52</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		<b>Coarse Gravel 1" x 1/2</b>		<b>52</b>	<b>53</b>	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
		<b>Tan Clay</b>		<b>53</b>	<b>69</b>	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 <b>3</b> ft. to <b>13</b> ft.	
		<b>Sand</b>		<b>69</b>	<b>72</b>	14 Nearest source of possible contamination: ft. <b>60</b> Direction <b>West</b> Type <b>Burn</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Gravel</b>		<b>72</b>	<b>106</b>	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>F+W</b> Model number <b>10BA12</b> HP <b>1</b> Volts <b>320</b> Length of drop pipe <b>135</b> ft. capacity <b>12</b> 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	
		<b>Sand Stone</b>		<b>106</b>	<b>107</b>	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. <b>Carl Hayes Water Well Serv.</b> License No. <b>224</b> Business name <b>603 So Maple</b> Address <b>Carl Hayes</b> Date <b>4-15-75</b> Signed <b>Carl Hayes</b> Authorized representative	
		<b>Gravel</b>		<b>107</b>	<b>151</b>		
		<b>Heavy Clay</b>		<b>151</b>	<b>155</b>		
16 Remarks: elevation							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5