

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>NE 1/4 NE 1/4 SE 1/4</u> Section number <u>7</u> Township number <u>K-29 S K-18 W</u> Range number <u>W</u>	
2. Distance and direction from nearest town or city: <u>1 1/2 W 4 1/2 S Greensburg 6 Kansas</u>	
3. Owner of well: <u>Wayne Green Greensburg Kansas</u> R.R. or street: <u>Greensburg Kansas</u> City, state, zip code: <u>Kansas</u>	
4. Locate with "X" in section below: Sketch map:	
6. Bore hole dia. <u>3 1/4</u> in. Completion date <u>1-19-77</u> Well depth <u>200</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>PL</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>GL</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>1.5</u> lbs./ft. Dia. <u>5</u> in. to <u>200</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>200</u> ft. depth Gauge No. <u>200</u>	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 3</u>
<u>Lt. Brown Clay</u>	<u>3 82</u>
<u>" " " with Rocks</u>	<u>82 88</u>
<u>Clay</u>	<u>88 143</u>
<u>Gravel</u>	<u>143 149</u>
<u>Clay</u>	<u>149 161</u>
<u>Gravel</u>	<u>161 200</u>
10. Screen: Manufacturer's name <u>Santlow Plastic</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauge <u>1/8</u> Length <u>20</u> Set between <u>180</u> ft. and <u>200</u> ft. Gravel pack? <u>YES</u> size range of material <u>1/4 x 1/2</u>	
11. Static water level: <u>168</u> ft. below land surface Date <u>1-9-77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>163</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>20</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>12</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>100</u> ft. Direction <u>S</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>JB412</u> HP <u>3/4</u> Vol <u>230</u> Length of drop pipe <u>180</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	
(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	
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. CARL HAYSE WATER WELL SERV 224 Business name <u>Carl Hayse</u> License No. <u>1-19-77</u> Address <u>603 S. Maple, Greensburg, Kansas</u> Signed <u>Carl Hayse</u> Date <u>1-19-77</u> Authorized representative	

29 18 W 7 NE NESE

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

Form WWC-5