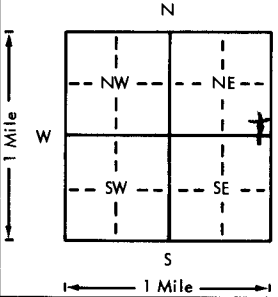


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 kiowa Fraction SE 1/4 SE 1/4 NE 1/4 Section number 24 Township number X 29 S R 18 W Range number 18	
2. Distance and direction from nearest town or city: 6 1/2 SE Greensburg Kansas	
3. Owner of well: Clarence Jenkins R.R. or street: Haviland City, state, zip code: Kansas	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. 8 1/2 in. Completion date 4-6-77 Well depth 120 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material PI Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 14 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 1.5 lbs./ft. Dia. 5 in. to 120 ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200	
5. Type and color of material	From To
Top Soil	0 2
Gilt & Reddish BR. Clay	2 10
Sand	10 11
BR. Clay	11 24
LT. BR. Clay	24 56
DK. BR. Clay (Hard)	56 58
BR. Clay	58 73
Gravel	73 85
Clay	85 91
Sandy Clay	91 103
Gravel	103 119
Shale	119 120
10. Screen: Manufacturer's name Sarkis Plastics Type RMP Dia. 5" Stal/gauze 18 Length 20 Set between 100 ft. and 120 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 8x5	
11. Static water level: <input type="checkbox"/> mo./day/yr. 77 ft. below land surface Date 4-6-77	
12. Pumping level below land surfaces: 100 ft. after 6 hrs. pumping 10 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 10 g.p.m.	
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 14 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 0 ft. to 10 ft.	
16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction W stock Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Windmill Model number 11 HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe 10.5 ft. capacity 4 g.p.m. Type: <input 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 Kaye with Well Sew. 224 Business name 603 So Maple Greensburg Kans License No. <input type="checkbox"/> Address Greensburg Date 4-6-77 Signed Carl Kaye Authorized representative	

29
 18
 W
 24
 SESE
 NE
 1/4
 1/4
 1/4

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

Form WWC-5