

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>Kro'wa</u> Fraction <u>SW 1/4 SW SE 1/4</u> Section number <u>30</u> Township number <u>T 29 S</u> Range number <u>R 18 W</u>	
2. Distance and direction from nearest town or city: <u>8.5 1/2 W Greensburg Kansas</u>	
3. Owner of well: <u>Lloyd Gossen</u> R.R. or street: <u>Greensburg Kansas</u> City, state, zip code: <u>Greensburg Kansas</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 4</u>
<u>Tan Clay with Gyp</u>	<u>4 23</u>
<u>Tan Clay</u>	<u>23 38</u>
<u>Fine Sand with Clay</u>	<u>38 58</u>
<u>Clay with Broken Rock</u>	<u>58 95</u>
<u>Shale</u>	<u>95 100</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>12 1/2</u> in. Completion date <u>9-11-78</u> Well depth <u>100</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>GT.</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>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
10. Screens: Manufacturer's name <u>Sunflower Plastics</u> Type <u>RMP</u> Dia. <u>3 1/2</u> Slot/gauge <u>1/8</u> Length <u>60</u> Set between <u>40</u> ft. and <u>100</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>4x3/4</u>	
11. Static water level: _____ mo./day/yr. <u>42</u> ft. below land surface Date <u>9-11-78</u>	
12. Pumping level below land surfaces: <u>64</u> ft. after <u>1</u> hrs. pumping <u>6</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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? <u>Yes</u> 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 ft. <u>100</u> Direction <u>SW</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>7B412</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>63</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. <b>CARL HAYSE WATER WELL SERV. 224</b> Business name License No. <u>603 S. Maple, Greensburg, Kans.</u> Address Signed <u>Carl Hayse</u> Date <u>9-11-78</u> Authorized representative	

T 29 S R 18 W Sec 30 SW SE

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

Form WWC-5