

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>SE 1/4 NE 1/4 SE 1/4</u> Section number <u>X 13</u> Township number <u>T 29 S</u> Range number <u>R 19</u> <u>(NW)</u>	
2. Distance and direction from nearest town or city: <u>2 1/2 W 5 Greensburg Kansas</u> Street address of well location if in city: <u>55</u>	
3. Owner of well: <u>LOREN LARKIN</u> R.R. or street: <u>514 E. Nebr.</u> City, state, zip code: <u>GREENSBURG Kans 67054</u>	
4. Locate with "X" in section below: Sketch map:	
5. Type and color of material	
<u>Top Soil</u>	From <u>0</u> To <u>3</u>
<u>Clay Tan</u>	<u>3</u> <u>185</u>
<u>Gravel</u>	<u>185</u> <u>205</u>
<u>Clay</u>	<u>205</u> <u>208</u>
<u>Gravel</u>	<u>208</u> <u>220</u>
6. Bore hole dia. <u>5 1/4</u> in. Completion date <u>9-8-78</u> Well depth <u>226</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>GI</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>220</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
10. Screen: Manufacturer's name <u>Sunflower Plastics</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>20'</u> Set between <u>200</u> ft. and <u>220</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/8 x 3/4</u>	
11. Static water level: _____ mo./day/yr. <u>168</u> ft. below land surface Date <u>9-8-78</u>	
12. Pumping level below land surfaces: _____ 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? <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>5</u> Direction <u>SE</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>FINF+WALLING</u> Model number <u>7B412</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>210</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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
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 Kayse Water Well Serv. 224</u> Business office _____ License No. _____ Address: <u>602 So. Maple Greensburg Kans</u> Signed <u>Carl Kayse</u> Date <u>9-8-78</u> Authorized representative	

T 29 R 19 S 13 SE NE SE

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

Form WWC-5