

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 NW 1/4 NE 1/4  </u> Section number <u>  23  </u> Township number <u>  T 29 S  </u> Range number <u>  R 19 W  </u>					
2. Distance and direction from nearest town or city: <u>  3 1/2 W 5 S Greensburg Kansas  </u>					
3. Owner of well: <u>  Ray Newby Greensburg Kans  </u> R.R. or street: City, state, zip code:					
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> </div>					
5. Type and color of material					
<u>  Top Soil  </u>		From	To	6. Bore hole dia. <u>  8 3/4  </u> in. Completion date <u>  6-20-75  </u> Well depth <u>  192  </u> ft.	
<u>  Tan Clay  </u>		<u>  0  </u>	<u>  2  </u>	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	
<u>  Gravel  </u>		<u>  2  </u>	<u>  161  </u>	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	
		<u>  161  </u>	<u>  192  </u>	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>  192  </u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>  200  </u>	
				10. Screen: Manufacturer's name <u>  Jess Howell  </u> Type <u>  RMP  </u> Dia. <u>  5 7/8  </u> Slot/gauze <u>  1/8  </u> Length <u>  70  </u> Set between <u>  172  </u> ft. and <u>  192  </u> ft. Set between _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>  4 x 1/2  </u>	
				11. Static water level: _____ mo./day/yr. <u>  16.5  </u> ft. below land surface Date <u>  6-20-75  </u>	
				12. Pumping level below land surfaces: <u>  16.5  </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: _____ ft. <u>  25  </u> Direction <u>  S  </u> Type <u>  CORRAL  </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>  Fleet Walleng  </u> Model number <u>  108915  </u> HP <u>  1  </u> Vol <u>  130  </u> Length of drop pipe <u>  1.75  </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:	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 Dr. 224  </u> Business name _____ License No. _____ <u>  6032 Maple Greensburg Kans  </u> Signed <u>  Carl Kayse  </u> Date <u>  6-20-75  </u> Authorized representative			

T 29 R 19 W Sec 23 NE 1/4 NE 1/4

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

Form WWC-5