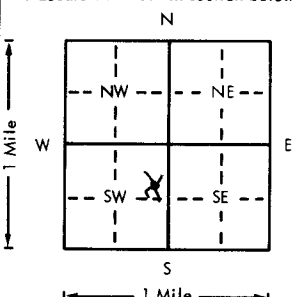


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>kiowa</b>	Fraction <b>SE 1/4 NE 1/4 SW 1/4</b>	Section number <b>26</b>	Township number <b>T 29 S</b>	Range number <b>R 19 E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>135 3rd St. Greensburg Kansas</b>			3. Owner of well: <b>Mrs Howard Hadley</b> R.R. or street: City, state, zip code: <b>Greensburg Kansas</b>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>5 1/8</b> in. Completion date <b>9-20-77</b> Well depth <b>197</b> ft.			
5. Type and color of material			From	To	7. <input checked="" type="checkbox"/> Cable tool 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	
Top Soil			0	3	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	
Tan Clay			3	86	9. Casing: Material <b>PL</b> Height: Above or below Threaded <input type="checkbox"/> Welded <b>GI</b> Surface <b>14</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>117</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>	
Clay some Rock			86	103	10. Screen: Manufacturer's name <b>Surfpaer Plastics</b> Type <b>RMP</b> Dia. <b>5</b> Slot/gauze <b>1/8</b> Length <b>20</b> Set between <b>177</b> ft. and <b>197</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 x 3/4</b>	
Clay			103	142	11. Static water level: _____ mo./day/yr. <b>178</b> ft. below land surface Date <b>9-20-77</b>	
DK. BR. Clay			142	146	12. Pumping level below land surfaces: <b>178</b> ft. after <b>1</b> hrs. pumping <b>3</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>4</b> g.p.m.	
Tan Clay			146	171	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Gravel (Fine)			171	197	14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>14</b> inches above grade	
(Use a second sheet if needed)					15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
18. Elevation:			19. Remarks:		16. Nearest source of possible contamination: <b>Lib. Stock</b> Direction _____ Type <input checked="" type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					17. Pump: <b>Not installed</b> Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe <b>189</b> ft. capacity <b>3</b> 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	
					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 SERVICE</b> Business name <b>224</b> License No. _____ Address <b>603 s. Maple, Greensburg, KS.</b> Signed <b>Carl Hayse</b> Date <b>9-20-77</b> Authorized representative	

T 29 S R 19 E Sec 26 SE 1/4 SW 1/4

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

Form WWC-5