

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

<input checked="" type="checkbox"/> Location of well:	County: <u>kiowa</u>	Fraction: <u>SE 1/4 NE 1/4 NE 1/4</u>	Section number: <u>35</u>	Township number: <u>T 29 S</u>	Range number: <u>R 19 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>88-3W Greensburg</u>			3. Owner of well: <u>Allen Allison</u> R.R. or street: <u>Greensburg Kans</u> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			6. Bore hole dia. <u>8 3/4</u> in. Completion date: <u>5-3-76</u> Well depth <u>140</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 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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>140</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>200</u>		
			10. Screen: Manufacturer's name <u>SunFlower Plastic</u> Type <u>RMP</u> Dia. <u>5"</u> Slat/gauze <u>Slot</u> Length <u>20'</u> Set between <u>120</u> ft. and <u>140</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>8x8</u>		
			11. Static water level: <u>95</u> ft. below land surface Date <u>5-3-76</u> mo./day/yr.		
			12. Pumping level below land surfaces: <u>95</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>12</u> g.p.m.		
			13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u> </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>13</u> ft.		
			16. Nearest source of possible contamination: ft. <u> </u> Direction <u>West</u> Type <u> </u> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			17. Pump: <u> </u> Not installed Manufacturer's name <u>FTW</u> Model number <u>28412</u> HP <u>3/4</u> Volts <u>220</u> Length of drop pipe <u>126</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		
18. Elevation:			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 Hayes Water Well Serv 224</u> Business name <u>Carl Hayes Water Well Serv</u> License No. <u> </u> Address <u>685 S. Maple Greensburg</u> Signed <u>Carl Hayes</u> Date <u>5-10-76</u> Authorized representative		
19. Remarks: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

29-19-35-SE NE NE

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

Form WWC-5