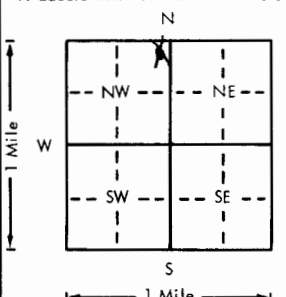


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NE 1/4 NE 1/4 NW 1/4</b> Section number <b>4</b> Township number <b>T 30</b> Range number <b>S R 18-<del>18</del> 19</b>	
2. Distance and direction from nearest town or city: <b>1.5 S Greensburg</b> Street address of well location if in city: <b>9 S</b> 3. Owner of well: <b>Bobby J. Martin</b> R.R. or street: City, state, zip code: <b>Greensburg Kans</b>	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <b>8 3/4</b> in. Completion date <b>3-6-75</b> Well depth <b>80</b> ft.	
7. <input 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <b>PI</b> Height: Above or below Threaded <input type="checkbox"/> Welded <b>GI</b> Surface <b>12</b> in. RMP <b>A</b> PVC <input type="checkbox"/> Weight <b>4.5</b> lbs./ft. Dia. <b>5</b> in. to <b>80</b> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>200</b>	
5. Type and color of material	10. Screen: Manufacturer's name <b>Santflower Plastics</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>1/8</b> Length <b>20'</b> Set between <b>60</b> ft. and <b>80</b> ft. Gravel pack? <b>Yes</b> Size range of material <b>1/8 X 3/4</b>
<b>Top Soil &amp; Sandy Clay</b>	From <b>0</b> To <b>5</b>
<b>Sand Stone-Soft White</b>	<b>5</b> <b>12</b>
<b>White Clay</b>	<b>12</b> <b>16</b>
<b>Sand Stone-Soft-Tan</b>	<b>16</b> <b>24</b>
<b>Brown Clay</b>	<b>24</b> <b>45</b>
<b>Gravel-Broken Rock-BR. Rock Chips</b>	<b>45</b> <b>76</b>
<b>Shale</b>	<b>76</b> <b>80</b>
11. Static water level: <b>42</b> ft. below land surface Date <b>3-6-75</b> mo./day/yr.	
12. Pumping level below land surfaces: <b>42</b> ft. after <b>1</b> hrs. pumping <b>3</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>5</b> g.p.m.	
13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date	
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade	
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.	
16. Nearest source of possible contamination: <b>BR. Rock</b> ft. Direction Type Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>8' Windmill</b> Model number HP Volts Length of drop pipe <b>65</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	
(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. <b>Carl Kaye Water Well Serv. 224</b> Business name License No. <b>603</b> Address <b>603 Maple Greensburg Kans</b> Sign <b>Carl Kaye</b> Date <b>3-6-75</b> Authorized representative	

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

Form WWC-5