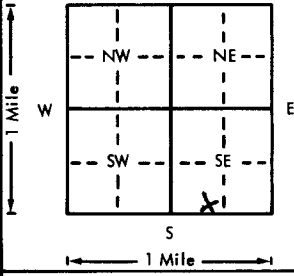


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4 SE 1/4</u> Section number <u>5</u> Township number <u>T 30 S R 18</u> Range number <u>E/W</u>	
2. Distance and direction from nearest town or city: <u>2W-10S Greensburg Kansas</u> Street address of well location if in city:	
3. Owner of well: <u>Cleon Parkin</u> R.R. or street: <u>Coldwater Kansas</u> City, state, zip code:	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <u>8 3/4</u> in. Completion date <u>9-4-76</u> Well depth <u>161</u> 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 <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>161</u> ft. depth Wall Thickness: inches or Dio. <input type="checkbox"/> in. to <input type="checkbox"/> 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>5/16"</u> Length <u>20'</u> Set between <u>141</u> ft. and <u>161</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 X 3/4</u>	
11. Static water level: <u>143</u> ft. below land surface Date <input type="checkbox"/> mo./day/yr.	
12. Pumping level below land surfaces: <u>143</u> ft. after <u>1</u> hrs. pumping <u>7</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>9</u> g.p.m.	
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 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: <u>Cattle</u> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: <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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
19. Remarks: (Use a second sheet if needed)	
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 Hays</u> Water Well Serv. <u>224</u> Business name <u>605 So. Maple Greensburg</u> License No. <u>11-1-76</u> Address: <u>Carl Hays</u> Signed: <u>Carl Hays</u> Date: <u>11-1-76</u> Authorized representative	

T 30 S R 18 E Sec 5 SE 1/4 SW 1/4 SE 1/4

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

Form WWC-5