

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 Kiowa		Fraction SE 1/4 SE 1/4 NE 1/4		Section number 14	Township number T 30 S R 19	Range number 19
2. Distance and direction from nearest town or city: 3 W, 12 S, of Greensburg				3. Owner of well: T.B. Crowe		
Street address of well location if in city:				R.R. or street: Coldwater, Ks. 67029		
City, state, zip code: Coldwater, Ks. 67029						
X Locate with "X" in section below: 			Sketch map:			
5. Type and color of material			From	To	6. Bore hole dia. 9 7/8 in. Completion date 10-05-78	
Top Soil			0	7	Well depth 113 ft.	
Clay			7	40	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
Fine Sand to Med. Sand			40	85	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
Med. to Lar. Sand & Clay			85	112	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
Blue Clay			112	115	<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 PVC Height: Above XXXX	
					Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in.	
					RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 2.11 lbs./ft.	
					Dia. 5 in. to 7 3/4 ft. depth Wall Thickness: inches or	
					Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gauge No. 258	
					10. Screen: Manufacturer's name Pumpco	
					<input checked="" type="checkbox"/> Type PVC Dia. 5 1/2	
					Slot/gauze fine Length 40	
					Set between 73 ft. and 113 ft.	
					<input type="checkbox"/> ft. and <input type="checkbox"/> ft.	
					Gravel pack? Yes <input checked="" type="checkbox"/> Size range of material #1 Fine	
					11. Static water level: 35 ft. below land surface Date 9-15-78 mo./day/yr.	
					12. Pumping level below land surfaces:	
					<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.	
					<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.	
					Estimated maximum yield <input type="checkbox"/> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
					14. Well head completion:	
					<input type="checkbox"/> Pitless adapter 24 Inches above grade	
					15. Well grouted? Yes	
					With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
					Depth: From 0 ft. to 10 ft.	
					16. Nearest source of possible contamination: NONE	
					ft. Direction Type	
					Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input type="checkbox"/> Not installed	
					Manufacturer's name Aermotor	
					Model number SD12 HP 1/2 Volts 220	
					Length of drop pipe 80 ft. capacity 10 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:			
19. Remarks:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
Topography:			Friesen Windmill 252			
<input checked="" type="checkbox"/> Hill			Business name			
<input type="checkbox"/> Slope			Address Medden, Kansas 67864 License No.			
<input type="checkbox"/> Upland			Signed [Signature] Date 11/21/78			
<input type="checkbox"/> Valley			Authorized representative			

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

Form WWC-5

T 30 19 W
R 19
Sec 14 SE SE 1/4
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