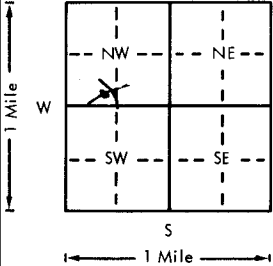


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 NW 1/4</u> Section number <u>23</u> Township number <u>T 30 S</u> Range number <u>R 19 W</u>	
2. Distance and direction from nearest town or city: <u>143 40 Greensburg Kansas</u> Street address of well location if in city: <u>Kansas</u>	
3. Owner of well: <u>Hayse Ranch</u> R.R. or street: <u>Mullinville Kansas</u> City, state, zip code: <u>Mullinville Kansas</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 3</u>
<u>Tan Clay</u>	<u>3 82</u>
<u>BR. Clay</u>	<u>82 90</u>
<u>Tan Clay</u>	<u>90 110</u>
<u>Gravel - Fine To 1/2</u>	<u>110 140</u>
(Use a second sheet if needed)	
6. Bore hole dia. <u>8 3/4</u> in. Completion date <u>10-31-75</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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	9. Casing: Material <u>PL</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>GI</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>140</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>200</u>
10. Screen: Manufacturer's name <u>Suntiger Plastics</u> Type <u>RMP</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>120</u> ft. and <u>140</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4x5</u>	11. Static water level: _____ mo./day/yr. <u>110</u> ft. below land surface Date <u>10-31-75</u>
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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>0</u> ft. to <u>10</u> ft.
16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ <u>LIVE STOCK</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17. Pump: <u>8' Windmill</u> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of pipe <u>126</u> ft. capacity <u>3</u> 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 checked="" type="checkbox"/> Other
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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 Hayse Water Well Serv. 224</u> Business Name _____ License No. _____ Address <u>603 S Maple Hensburg Mo</u> Signed <u>Carl Hayse</u> Date <u>10-31-75</u> Authorized representative

30 19 23 55 50 23 55 50 23 55 50

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

Form WWC-5