

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>Lyon</u>		Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>		Section number <u>13</u>		Township number <u>T 18 S R 10</u>		Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>1/2 mi. E. - 1/2 S. of Americas, Ks</u>				3. Owner of well: <u>W.W. Harris</u> R.R. or street: <u>1111 Drum</u> City, state, zip code: <u>Hays, Ks 67601</u>					
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date <u>10-6-79</u> Well depth <u>35</u> ft.			
						7. <input checked="" type="checkbox"/> Cable tool <input 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			
5. Type and color of material				From		To		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
<u>Topsoil</u> <u>Black</u>				<u>0</u>		<u>2</u>		9. Casing: Material <u>Styrene</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>35</u> ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>None</u>	
<u>Clay</u> <u>Tan</u>				<u>2</u>		<u>21</u>		10. Screen: Manufacturer's name <u>Jess-Lowell</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot gauze <u>1/16</u> Length <u>10'</u> Set between <u>22</u> ft. and <u>32</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/8</u>	
<u>Gravel</u> <u>Brown</u>				<u>21</u>		<u>31</u>		11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>10-6-79</u>	
<u>Shale</u> <u>Gray</u>				<u>31</u>		<u>35</u>		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> 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 checked="" type="checkbox"/> Pitless adapter <u>24</u> Inches above grade	
								15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>15</u> ft. to <u>5</u> ft.	
								16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>South</u> Type <u>Lagoon</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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:		19. Remarks:							
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input 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>Bledsoe Drilling 349</u> Business name _____ License No. _____ Address <u>RR1 Cottagewood Falls</u> Signed <u>John A. Bledsoe</u> Date <u>10-25-79</u> Authorized representative							

T 18 S R 10 E W 13 NW 1/4