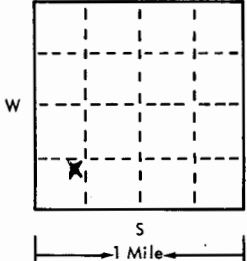


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | |
|---|------------------------|--|----------------------------------|---|--------------------------|---------------------------|
| 1 Location of well: | County <i>Ellis</i> | Township name <i>Hamilton</i> | Fraction <i>NE 1/4 SW 1/4</i> | Section number <i>19</i> | Town number <i>11</i> | Range number <i>19</i> |
| Distance and direction from nearest town or city: <i>1 N. 4 E. 8 north of Ellis, Kans.</i> | | | | 3 Owner of well: <i>Urea Bittle</i> Address: <i>R.F.D Ellis Kansas</i> | | |
| Locate with "X" in section below: N  | | Sketch map: <i>This well is in pasture land</i> | | 4 Well depth: <i>28</i> ft. Date of completion <i>5-15-76</i> Well diameter <i>10</i> in. | | |
| 2 Type and color of material | | From | | To | | |
| | | <i>Light silty soil Brown in color</i> | | <i>0</i> | | <i>10</i> |
| | | <i>White gravel with Brown sand</i> | | <i>10</i> | | <i>24</i> |
| | | <i>Good coarse sand with white gravel</i> | | <i>24</i> | | <i>27</i> |
| <i>Shale Blue-Black</i> | | <i>27</i> | | <i>28</i> | | |
| | | | | 5 <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 | | |
| | | | | 6 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"/> Commercial <input type="checkbox"/> Test well | | |
| | | | | 7 Casing: Material <i>Pvts</i> Height: <input checked="" type="checkbox"/> above <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>24</i> in. <i>1 1/4</i> in. <i>1 1/4</i> in. <i>1 1/4</i> in. <i>1 1/4</i> in. Diam. <i>300</i> lbs. <i>35</i> lbs. <i>35</i> lbs. <i>35</i> lbs. <i>35</i> lbs. <i>5</i> in. to <i>18</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>5</i> in. to <i>18</i> ft. depth <i>300-18-35-1/4</i> Wall | | |
| | | | | 8 Screen: Manufacturer <i>Jess + Lowell</i> Type <i>Pvts</i> Dia. <i>5</i> Slot/gauge <i>10</i> Length <i>10</i> Set between <i>18</i> ft. and <i>28</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/8" - 1/4"</i> | | |
| | | | | 9 Static water level: <i>19</i> ft. below land surface Date <i>5-15-76</i> | | |
| | | | | 10 Pumping level below land surfaces: <i>19</i> ft. after <i>1</i> hrs. pumping <i>12</i> g.p.m. 19 ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>12</i> g.p.m. | | |
| | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| | | | | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <i>24"</i> Inches above grade | | |
| | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>1</i> ft. to <i>12</i> ft. | | |
| | | | | 14 Nearest source of possible contamination: ft. <i>2000</i> Direction <i>South</i> Type <i>Farm pond</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input checked="" type="checkbox"/> Centrifugal <input checked="" type="checkbox"/> Other <i>Windmill</i> | | |
| 16 Remarks: elevation | | | | 17 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. <i>Urea Water Well Drilling</i> Business name _____ License No. _____ Address <i>503 Monroe</i> _____ Signed <i>John Urea</i> _____ Date <i>6-12-76</i> Authorized representative | | |

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

11
19W
19 NE 1/4 SW 1/4