

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>Ellis</u> | | Fraction <u>SE 1/4 NW 1/4 NE 1/4</u> | Section number <u>10</u> | Township number T <u>12</u> | Range number S R <u>18</u> E <u>0</u> |
| 2. Distance and direction from nearest town or city: <u>9 N 1/2 E Hays</u> Street address of well location if in city: | | | 3. Owner of well: <u>Paul Macrae</u> R.R. or street: <u>CATHARINE RT.</u> City, state, zip code: <u>Hays, KS</u> | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. <u>9</u> in. Completion date <u>9-30-77</u> Well depth <u>49</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 | |
| 5. Type and color of material | | From | To | 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 | |
| <u>Topsoil</u> | | <u>0</u> | <u>4</u> | 9. Casing: Material <u>L</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>16</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>49</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>140 PSI</u> | |
| <u>Yellow clay mixed with rock</u> | | <u>4</u> | <u>20</u> | 10. Screen: Manufacturer's name <u>Jet Stream</u> Type <u>PVC</u> Dia. <u>5"</u> <input checked="" type="checkbox"/> gauze _____ Length <u>10'</u> Set between <u>39</u> ft. and <u>49</u> ft. _____ ft. and _____ ft. Gravel pack? <u>YES</u> Size range of material <u>14-18</u> | |
| <u>Yellow clay with intermittent layers of limestone</u> | | <u>20</u> | <u>40</u> | 11. Static water level: _____ mo./day/yr. <u>32</u> ft. below land surface Date <u>9-30-77</u> | |
| <u>Blue shale</u> | | <u>40</u> | <u>49</u> | 12. Pumping level below land surfaces: <u>40</u> ft. after <u>1</u> hrs. pumping <u>20</u> 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? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>11</u> ft. | |
| | | | | 16. Nearest source of possible contamination: <u>none</u> ft. _____ Direction _____ Type _____ 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: | | 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>KARST WATER WELL DRILLING</u> Business name _____ License No. _____ Address <u>Hilway 40 Hays</u> _____ Signed <u>Paul Macrae</u> _____ Date <u>9-3-77</u> Authorized representative | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | |

T 12 R 18 E 10 SE 1/4 NE 1/4

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

Form WWC-5