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	Fraction	Section number	Township number	Range number
	Ellis	NW 1/4 NW 1/4 SW 1/4	24	T 12 S	R 18 E (W)

2. Distance and direction from nearest town or city: 1north 1½east Hays, Ks. 5north 1east
Street address of well location if in city:

3. Owner of well: Dave Brown
R.R. or street: 2704 Barclay
City, state, zip code: Hays, Ks.

4. Locate with "X" in section below

N — NW — NE — W — E — X SW — SE — S — 1 Mile — 1 Mile

Sketch map:

fence
well
county road
N

6. Bore hole dia. 9 in. Completion date 10-4-79
Well depth 50 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material pvc Height: Above or below
Threaded ___ Welded xx Surface 16 in.
RMP ___ PVC x Weight 200 lbs./ft.
Dia. 5 in. to 50 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .26

5. Type and color of material	From	To
topsoil	0	4
clay	4	39
medium sand	39	47
blue shale	47	50
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jet Stream
Type pvc Dia. 5
Slot/gauge .031 Length 10
Set between 40 ft. and 50 ft.
___ ft. and ___ ft.
Gravel pack? xx Size range of material ¼-⅓

11. Static water level: mo./day/yr.
35 ft. below land surface Date 10-4-79

12. Pumping level below land surfaces:
38 ft. after 2 hrs. pumping 25 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 25 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 16 Inches above grade

15. Well grouted? xx
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: none
ft. ___ Direction ___ Type ___
Well disinfected upon completion? xx Yes __ No

17. Pump: xx Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ Valley

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.
Business name Karst Water Wells License No. 199
Address E. Hiway 40 Hays, Ks.
Signed Ted Karst Date 10-4-79
Authorized representative

T 12 R 18 E (W) Sec 24 1/4 NW 1/4 NW 1/4 SW 1/4

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

Form WWC-5

MI-1023