

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

WATER WELL RECORD  
KSA 820-1201-1215

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>NW 1/4 NW 1/4 NE 1/4</u> Section number <u>16</u> Township number <u>T 13 S R 17 E/W</u>	
2. Distance and direction from nearest town or city: <u>1/4 mile EAST Catherine</u> Street address of well location if in city: <u>Catherine</u>	
3. Owner of well: <u>Catherine Ruehl</u> R.R. or street: <u>Catherine</u> City, state, zip code: <u>Ks.</u>	
4. Locate with "X" in section below: Sketch map: <u>1/4 mile EAST on south side of ROAD Catherine</u>	
6. Bore hole dia. <u>7 7/8</u> in. Completion date <u>8-30-77</u> Well depth <u>55</u> ft.	
7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dig <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 checked="" 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	
9. Casing: Material <u>Skidone</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>200</u>	
5. Type and color of material	
10. Screen: Manufacturer's name <u>JESS &amp; Lowell</u> Type <input type="checkbox"/> Dia. <u>5</u> in. Slot/gauze <input type="checkbox"/> Length <u>10</u> ft. Set between <u>45</u> ft. and <u>55</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <input type="checkbox"/>	
11. Static water level: <u>38</u> ft. below land surface Date <input type="checkbox"/> mo./day/yr.	
12. Pumping level below land surfaces: <u>45</u> ft. after <u>1</u> hrs. pumping <u>100</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>?</u> g.p.m.	
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Model number <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	
19. Remarks: <u>We did not install pump just test pumped well.</u>	
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>Drapers Water Well Dug Inc.</u> Business name <u>406 W 24 Hwy</u> License No. <u>8/30-77</u> Address <u>John Draper</u> Signed <u>8/30-77</u> Date <u>8/30-77</u> Authorized representative	

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

Form WWC-5