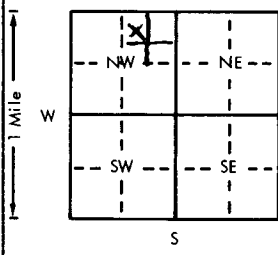


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>NW 1/4 NE 1/4 NW 1/4</u>	Section number <u>27</u>	Township number <u>T 13</u>	Range number <u>S R 17 E 2</u>
2. Distance and direction from nearest town or city: <u>SE 1/4 1/4 OF HAYS</u>		3. Owner of well: <u>Ivan Edsel</u>		R.R. or street: <u>Victoria Rural</u>		
Street address of well location if in city:		City, state, zip code: <u>Victoria</u>				
4. Locate with "X" in section below:		Sketch map: <u>①</u>		6. Bore hole dia. <u>7 7/8</u> in. Completion date <u>X</u>		
				Well depth <u>60</u> ft.		
5. Type and color of material		From	To	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
<u>Top Soil</u>		<u>0</u>	<u>2</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
<u>Light Brown clay</u>		<u>2</u>	<u>19</u>	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
<u>Hard White Rock</u>		<u>19</u>	<u>21</u>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
<u>Clay</u>		<u>21</u>	<u>28</u>	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<u>Silted clay</u>		<u>28</u>	<u>36</u>	9. Casing: Material <u>STEEL</u> Height: Above or below		
<u>Sand</u>		<u>36</u>	<u>38</u>	Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in.		
<u>Shale</u>		<u>38</u>	<u>60</u>	RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.		
				Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or		
				Dia. <u>5</u> in. to <u>60</u> ft. depth gage No. <u>250</u>		
				10. Screen: Manufacturer's name <u>Jess J</u>		
				Type <u>STEEL</u> Dia. <u>5"</u>		
				Slot/gauze <u>20'</u> Length <u>20'</u>		
				Set between <u>36</u> ft. and <u>46</u> ft.		
				<u>50</u> ft. and <u>60</u> ft.		
				Gravel pack? <u>yes</u> Size range of material <u>CMA</u>		
				11. Static water level: <u>X</u> mo./day/yr.		
				<u>ft.</u> below land surface Date <u> </u>		
				12. Pumping level below land surfaces:		
				<u>X</u> <u>ft.</u> after <u> </u> hrs. pumping <u> </u> g.p.m.		
				<u>ft.</u> after <u> </u> hrs. pumping <u> </u> g.p.m.		
				Estimated maximum yield <u> </u> g.p.m.		
				13. Water sample submitted: <u>X</u> mo./day/yr.		
				Yes <input type="checkbox"/> No <input type="checkbox"/> Date <u> </u>		
				14. Well head completion:		
				<u>X</u> Pitless adapter <u> </u> inches above grade		
				15. Well grouted? <u> </u>		
				With: <u> </u> Neat cement <u> </u> Bentonite <u> </u> Concrete		
				Depth: From <u> </u> ft. to <u> </u> ft.		
				16. Nearest source of possible contamination:		
				<u>X</u> <u>ft.</u> <u> </u> Direction <u> </u> Type <u> </u>		
				Well disinfected upon completion? <u> </u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
				17. Pump:		
				<u>X</u> <u> </u> Nat installed		
				Manufacturer's name <u> </u>		
				Model number <u> </u> HP <u> </u> Volts <u> </u>		
				Length of drop pipe <u> </u> ft. capacity <u> </u> 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:		19. Remarks:		20. Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report		
<input type="checkbox"/> Hill				is true to the best of my knowledge and belief.		
<input type="checkbox"/> Slope				<u>Draper Water Well Drig Inc</u>		
<input checked="" type="checkbox"/> Upland				Business name <u>406 W. 24th</u> License No. <u>354</u>		
<input type="checkbox"/> Valley				Address <u>Robert E Draper</u> Date <u>8/11/78</u>		
				Signed <u>Robert E Draper</u> Authorized representative		

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

Form WWC-5