

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 Ellis	Fraction SW 1/4 SW 1/4 SE 1/4	Section number 36	Township number T 13 S R 19 E (W)	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
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4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: house shed barn well		6. Bore hole dia. <u>9</u> in. Completion date <u>8-1-79</u> Well depth <u>45</u> ft.	
5. Type and color of material			From	To	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	
topsoil			0	4	Use: <input checked="" 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	
sandy clay sand			4	36	9. Casing: Material <u>pvc</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>.26</u>	
blue shale			36	43	10. Screen Manufacturer's name <u>Jet stream</u>	
			43	45	Type <u>pvc</u> Dia. <u>5</u> Slot/gauze <u>slot</u> Length <u>10</u> Set between <u>35</u> ft. and <u>45</u> ft. ft. and <input type="checkbox"/> ft.	
					Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2-3/4</u>	
					11. Static water level: <u>30</u> mo./day/yr. ft. below land surface Date <u>8-1-79</u>	
					12. Pumping level below land surfaces: <u>38</u> ft. after <u>10</u> hrs. pumping <u>15</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>15</u> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>16</u> ft.	
					16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>n.e.</u> Type <u>stock yard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <u>FEW</u> Not installed Manufacturer's name <u>FEW</u> Model number <u>5ba8</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>35</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" 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:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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>Kans Water Well 199</u> Business name <u>Kans Water Well 199</u> License No. <u>1/4 1/2</u> Address <u>Lawrence, Kansas</u> Signed <u>Neil Garst</u> Date <u>8/1/79</u> Authorized representative				

T 13 R 19 S 36 Sec 36

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

Form WWC-5