

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 <b>Ellis</b>		Fraction <b>SW 1/4 SE 1/4 SW 1/4</b>		Section number <b>17</b>		Township number <b>T 13 S</b>		Range number <b>R 18 E/W</b>			
2. Distance and direction from nearest town or city: <b>1 W 25 of Hays</b>				3. Owner of well: <b>Allied Ready Mix</b>							
Street address of well location if in city:				R.R. or street: <b>503 E 10</b>							
				City, state, zip code: <b>HAYS KS</b>							
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <b>7 7/8</b> in. Completion date _____			Well depth <b>21</b> 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		
						8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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					
5. Type and color of material			From			To			9. Casing: Material <b>steine</b> Weight: Above or below		
Top Soil			0			2			Threaded _____ Welded _____ Surface _____ in.		
clay			2			11			RMP _____ PVC _____ Weight _____ lbs./ft.		
silted clay			11			17			Dia. <b>5</b> in. to <b>21</b> ft. depth Wall Thickness: inches or		
sand			17			19			Dia. _____ in. to _____ ft. depth gage No. _____		
shale			19			21			10. Screen: Manufacturer's name <b>Jess J Lowell</b>		
									Type <b>steine</b> Dia. <b>5"</b>		
									Slot/gauze _____ Length _____		
									Set between _____ ft. and _____ ft.		
									_____ ft. and _____ ft.		
									Gravel pack? _____ Size range of material _____		
									11. Static water level: _____ mo./day/yr.		
									_____ ft. below land surface Date _____		
									12. Pumping level below land surfaces:		
									_____ ft. after _____ hrs. pumping _____ 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 type="checkbox"/> No Date _____		
									14. Well head completion:		
									<input type="checkbox"/> Pitless adapter _____ Inches above grade		
									15. Well grouted? _____		
									With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
									Depth: From _____ ft. to _____ ft.		
									16. Nearest source of possible contamination:		
									ft. _____ Direction _____ Type _____		
									Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
									17. Pump: _____ 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		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:							
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.							
<input type="checkbox"/> Hill				<b>Draper Water Well Drig, Inc</b>							
<input type="checkbox"/> Slope				Business name _____ License No. _____							
<input type="checkbox"/> Upland				Address <b>106 W. 24th</b> _____							
<input checked="" type="checkbox"/> Valley				Signed <b>Robert E. Draper</b> Date <b>8/11/78</b>							
				Authorized representative							

T 13 R 18 S 17 SW SE SW

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

Form WWC-5