

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 NE 1/4 SW 1/4 | Section number 17 | Township number T 13 S | Range number R 18 E |
| 2. Distance and direction from nearest town or city: 10 2 mi. N of Hays | | | 3. Owner of well: Allied Redi-mix R.R. or street: 503 E 10 City, state, zip code: Hays KS 67601 | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. 7 1/4 in. Completion date X Well depth 540 ft. | | |
| | | | | 7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary | | |
| 5. Type and color of material | | From | To | 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 | | |
| Top Soil | | 0 | 2 | 9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. | | |
| Clay | | 2 | 16 | Dia. 5 in. to 540 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 320 | | |
| Silted Clay | | 16 | 18 | 10. Screen: Manufacturer's name Jess & Lowell | | |
| Sand | | 18 | 21 | Type Steinne Dia. 5 1/2 Slot/gauze 20 Length 20 Set between 520 ft. and 540 ft. Gravel pack? yes Size range of material CMA | | |
| (Blue) Shale | | 21 | 240 | 11. Static water level: <input checked="" type="checkbox"/> mo./day/yr. ft. below land surface Date | | |
| Fairport | | 240 | 291 | 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. | | |
| Greenehorne | | 291 | 380 | 13. Water sample submitted: <input checked="" type="checkbox"/> mo./day/yr. Yes No Date | | |
| Granders | | 380 | 420 | 14. Well head completion: Pitless adapter <input type="checkbox"/> Inches above grade | | |
| Dakota Clay | | 420 | 447 | 15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. | | |
| Clay + 1 ft. streaks of sand | | 447 | 462 | 16. Nearest source of possible contamination: ft. Direction Type | | |
| Dakota Clay | | 462 | 490 | Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Clay + small streaks of sand | | 490 | 510 | 17. Pump: <input checked="" type="checkbox"/> Not installed | | |
| Dakota Sand | | 510 | 540 | 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 | | |
| (Use a second sheet if needed) | | | | | | |
| 18. Elevation: | | 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. Draper Water Well Drlg. Inc. Business name License No. 354 Address 506 W. 24th Signed Robert C. Draper Date 11/17/78 Authorized representative | |
| Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

13 18 17 SUNDAY