

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 NW 1/4 NW 1/4 SE 1/4 Section number 28 Township number T 13 Range number S R 18 E(2)					
2. Distance and direction from nearest town or city: Street address of well location if in city: 517 W 32nd					
3. Owner of well: Dave Dressling R.R. or street: 517 W 32nd City, state, zip code: Hays, Kansas 67601					
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p style="text-align: center;">N</p> <table border="1" style="width: 100px; height: 100px; border-collapse: collapse; text-align: center;"> <tr><td>NW</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td></tr> </table> <p style="text-align: center;">S</p> <p style="font-size: small;">1 Mile</p> </div> <div style="flex-grow: 1;"> <p style="text-align: center;">x-waterwell</p> <div style="border: 1px solid black; width: 150px; height: 40px; margin: 10px auto; text-align: center;">House</div> <p style="text-align: center;">32nd</p> <p style="font-size: small;">Hall Street</p> </div> </div>		NW	NE	SW	SE
NW	NE				
SW	SE				
6. Bore hole dia. 9 in. Completion date 7-27-76 Well depth 86 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 type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other					
9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. RMP PVC Weight 200 lbs./ft. Dia. 5 in. to 86 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 358					
10. Screen: Manufacturer's name Jet STREAM Type <input type="checkbox"/> Dia. 5" Not gauze <input checked="" type="checkbox"/> Length 10 60' Set between 75 ft. and 85 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 2 x 1/4					
5. Type and color of material					
	From To				
Topsoil	0 4				
Subsoil	4 10				
Brown Clay	10 47				
Gray Clay	47 50				
Yellow Clay	50 52				
Gray Clay	52 64				
Sand & Gravel	64 84				
Blue Shale	84 86				
11. Static water level: 56 ft. below land surface Date 7-28-76 mo./day/yr.					
12. Pumping level below land surfaces: 32 ft. after 1 hrs. pumping 10 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 15-20 g.p.m.					
13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 7-28-76 mo./day/yr.					
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 24 Inches above grade					
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 2 ft. to 10 ft.					
16. Nearest source of possible contamination: None ft. Direction Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input 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. Karst Water Well 199A Business name License No. Address E Hiway 40 Signed M B Karst Date 7-27-76 Authorized representative					

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

Form WWC-5