

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>NW 1/4 SE 1/4 SW 1/4</b>	Section number <b>28</b>	Township number T <b>13</b> S R <b>18</b> E <b>W</b>	
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Ralph Barter</b> R.R. or street: <b>104 E 22</b> City, state, zip code: <b>HAYS KS, 67601</b>		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <b>7 1/8</b> in. Completion date <b>X</b> Well depth <b>70</b> ft.
Top Soil			0	3	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
Light Brown clay			3	21	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
Fine sand			21	23	9. Casing: Material <b>stainless</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>2 1/4</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>2 1/4</b> lbs./ft. Dia. <b>5</b> in. to <b>70</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>250</b>
silted clay			23	48	10. Screen: Manufacturer's name <b>JRS +</b> <b>Lowell</b> Type <b>stainless</b> Dia. <b>5"</b> Slot/gauze <input type="checkbox"/> Length <b>20'</b> Set between <b>70</b> ft. and <b>50</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>CMA</b>
Fine sand & Rock			48	53	<input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
Course sand			53	68	<input checked="" type="checkbox"/> 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.
shale			68	70	<input checked="" type="checkbox"/> Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
					<input checked="" type="checkbox"/> Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
					15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
(Owner would cement well)					<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input checked="" type="checkbox"/> 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:		
Topography: <input type="checkbox"/> Hill <input 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. <b>Draper's Water Well, Inc. 354</b> Business name _____ License No. _____ Address <b>406 W. 24</b> Signed <b>Robert E. Draper</b> Date <b>8/1/78</b> Authorized representative		

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

Form WWC-5