USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

NW¼NE¼SE¼

1 Location of well:	County	Township nome	Fraction	Section number	Town number	Range number
	Ellis	Big Creek.	S.E ¼	29	13	18

Distance and direction from nearest town or city:

Street address of well location if in city: 1117 Oakmont Hays

3 Owner of well: Russell Bogner
Address: 1117 Oakmont St Hays. Kansas

Locate with "X" in section below: Sketch map:

N
W E
S
1 Mile

4 Well depth: 90 ft. Date of completion 5-15-75
Well diameter 10 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ Garden + Lawn

7 Casing: Material Plastic Height: above/below
Threaded ☐ Welded ☐ Surface 14 in.
Diam. Cellar + screw Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No
5 in. to 57 ft. depth 200-X 35-¼" thick

2

Type and color of material	From	To
Mixed dirt with Gumbo (yellow)	0	57
fine old sand with clay	57	65
Coarse sand + Gravel	65	89
Shale	89	90
(use a second sheet if needed)		

8 Screen:
Manufacturer Jess + Lowell
Type Plastic Dia. 5
Slot gauze 16 Length 93
Set between 57 ft. and ___ ft. 90
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼-⅜

9 Static water level:
55 ft. below land surface Date 5-15-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☒ Pitless adapter 12 Inches above grade

13 Well grouted? ☐ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 20 Direction East Type Sewer line
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

17 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.
Luce Water Well Drilling
Business name License No.
Address 503 Monroe 276
Signed John Luce Date 5-27-75
Authorized representative
Ellis, Kas.

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H