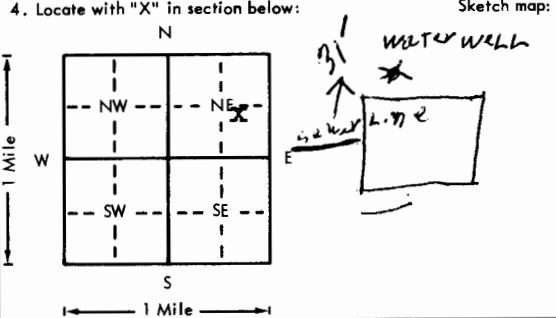


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SE 1/4 NE 1/4		Section number 34		Township number T 13 S R 18		Range number 18			
2. Distance and direction from nearest town or city: Street address of well location if in city: 1507 Haney				3. Owner of well: Walter R. Mc Call R.R. or street: 1507 Haney City, state, zip code: Hays, Kansas 67601							
4. Locate with "X" in section below: 				6. Bore hole dia. <u>6</u> in. Completion date <u>8-1-74</u> Well depth <u>31</u> ft.							
5. Type and color of material				From		To		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 checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
				Topsoil BLACK		0		5		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	
				Clay, Dk brown, silty		5		10		9. Casing: Material <u>plst</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>31</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>	
				Sand, V-fine		10		15		10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> Slot/gauze <u>06(1/16)</u> Length <u>6 ft.</u> Set between <u>25</u> ft. and <u>31</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/2"</u>	
				Sand, coarse		15		31		11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>8-1-74</u>	
Blue Shale		31				12. Pumping level below land surfaces: <u>26</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.					
								13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
								14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade			
								15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>sur</u> ft. to <u>10</u> ft.			
								16. Nearest source of possible contamination: ft. <u>31</u> Direction <u>S</u> Type <u>Sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								17. Pump: _____ Not installed Manufacturer's name <u>Fairbanks Morse</u> Model number _____ HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>29</u> ft. capacity <u>21</u> g.p.m. Type: <input checked="" 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: Topography: <input checked="" type="checkbox"/> Level <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. R. F. Coupal <u>266</u> Business name _____ License No. _____ Address <u>616 E. 6th Hays Ks 67601</u> Signed <u>Raymond Coupal</u> Date <u>8-1-74</u> Authorized representative							

T 13 S R 18 E Sec 34
 NW 1/4 SE 1/4 NE 1/4

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

Form WWC-5