

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

1 Location of well:	County Ellis	Township name	Fraction NE 1/4 NW 1/4 SW 1/4	Section number 34	Town number 13	Range number 18																																								
Distance and direction from nearest town or city:				3 Owner of well: Leo Knoll Jr.																																										
Street address of well location if in city: 1518 Marjorie Dr. Hays Kans.				Address: 1518 Majorie Dr. Hays, Kans.																																										
Locate with "X" in section below:			Sketch map:																																											
N																																														
W X E																																														
S 1 Mile			4 Well depth: 57 ft. Date of completion 4/12/75 Well diameter 5 in.																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">2</td> <td style="width:30%;">Type and color of material</td> <td style="width:10%;">From</td> <td style="width:10%;">To</td> </tr> <tr> <td></td> <td>Clay Yellow</td> <td>1</td> <td>50</td> </tr> <tr> <td></td> <td>Coarse Gravel</td> <td>51</td> <td>56</td> </tr> <tr> <td></td> <td>Shale</td> <td>56</td> <td>57</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			2	Type and color of material	From	To		Clay Yellow	1	50		Coarse Gravel	51	56		Shale	56	57																									5 <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			
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6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>																																														
7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. Bonded Weight 160 lbs./ft. 1 2 in. to 57 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth!																																														
8 Screen: Manufacturer Jess/Lowell Type Styrene Dia. 5" Slot/gauze slot Length 10' Set between 57 ft. and 47 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___																																														
9 Static water level: 28 ft. below land surface Date 4/12/75																																														
10 Pumping level below land surfaces: 20 ft. after 1 hrs. pumping 25 g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 30 g.p.m.																																														
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___																																														
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade																																														
13 Well grouted? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No void <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 1 ft. to 10 ft.																																														
14 Nearest source of possible contamination: ft. None Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																														
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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																																														
16 Remarks: elevation Level			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. Water well Sales Business name License No. Address East 8th Hays, Kans. Signed _____ Date _____ Authorized representative																																											

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

Form WWC-5