

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 NE 1/4 SE 1/4 SE 1/4 Section number 34 Township number T 13 S R 18 E W Range number	
2. Distance and direction from nearest town or city: Street address of well location if in city: Canterbury Road City, state, zip code: Hays, Kansas 67601	
3. Owner of well: Don Wilkerson R.R. or street: Canterbury Road City, state, zip code: Hays, Kansas 67601	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>1 Mile</p> <p>1 Mile</p> </div> <div style="text-align: center;"> <p>⊗ Water Well</p> </div> </div>	
5. Type and color of material	
	From To
Topsoil	0 5
Subsoil	5 15
Brown Clay	15 25
Sand	25 33
Blue Shale	33 35
6. Bore hole dia. 3 in. Completion date 8/9/75 Well depth 35 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 0 Threading: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight: <input type="checkbox"/> lbs./ft. Dia. 3 in. to 35 ft. depth Wall Thickness: inches 1/2 Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 258	
10. Screen: Manufacturer's name Jet Stream Type PVC Dia. 5" Slot/gauze 10' Length 10' Set between 25 ft. and 35 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? Yes Size range of material 1/4-1/2"	
11. Static water level: <input type="checkbox"/> no./day/yr. 20 ft. below land surface Date 8/9/75	
12. Pumping level below land surfaces: 20 ft. after 1 hrs. pumping 10 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 10 g.p.m.	
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 2 ft. to 11 ft.	
16. Nearest source of possible contamination: None ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Valley Model number S1208 HP 1/2 Volts 220 Length of drop pipe 30 ft. capacity 12 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 type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: None
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 1999A Business name E. Hwy 40 Hays License No. <input type="checkbox"/> Address M Bldg Signed M Bldg Date 8/9 Authorized representative	

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

Form WWC-5