

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 ne 1/4 ne 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:				3. Owner of well: Bob Hillman					
Street address of well location if in city: East 27th St Hays, Ka				R.R. or street: East 27th St					
				City, state, zip code: Hays, 15a 67601					
4. Locate with "X" in section below:				6. Bore hole dia. 10 in. Completion date 11-15-78					
Sketch map: Road 27th St				Well depth 46 ft.					
				7. <input checked="" 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					
5. Type and color of material				8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other					
				9. Casing: Material plte Height: Above or below Threaded <input type="checkbox"/> Welded gl. Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 26 ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth Gage No. 44					
				10. Screen: Manufacturer's name Jesse Lowell Type plte Dia. 5 Slot/gauze _____ Length 30 Set between 26 ft. and 46 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 8-1/2 in					
				11. Static water level: _____ mo./day/yr. 16 ft. below land surface Date 11-15-78					
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 - balancing g.p.m.					
				13. Water sample submitted: _____ ma./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____					
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 inches above grade					
				15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 4 ft. to 14 ft.					
				16. Nearest source of possible contamination: septic tank ft. 60 Direction East Type septic tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
				17. 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					
				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. Brea Water Well Drilling 276 Business name _____ License No. _____ Address 603 Monroe Signed John Brea Date 12-13-78 Authorized representative					
18. Elevation:		19. Remarks: no pump installed by driller							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley									

T 13 R 18 E Sec 34 NW NE

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

Form WWC-5