

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 <u>Ellis</u> Fraction <u>SE 1/4 SE 1/4 NW 1/4</u> Section number <u>34</u> Township number <u>T 13 S R 18 E W</u> Range number <u>18</u>																
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1729 Hancey</u> 3. Owner of well: <u>Don Deines</u> R.R. or street: <u>1729 Hancey</u> City, state, zip code: <u>Hays KS. 67601</u>																
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="text-align: center; margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>well → X</p> </div> </div>																
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Top soil</u></td> <td><u>0</u></td> <td><u>4</u></td> </tr> <tr> <td><u>Brown clay</u></td> <td><u>4</u></td> <td><u>30</u></td> </tr> <tr> <td><u>Fine to med sand</u></td> <td><u>30</u></td> <td><u>45</u></td> </tr> <tr> <td><u>Blue shale</u></td> <td><u>45</u></td> <td><u>47</u></td> </tr> </tbody> </table>			From	To	<u>Top soil</u>	<u>0</u>	<u>4</u>	<u>Brown clay</u>	<u>4</u>	<u>30</u>	<u>Fine to med sand</u>	<u>30</u>	<u>45</u>	<u>Blue shale</u>	<u>45</u>	<u>47</u>
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6. Bore hole dia. <u>0</u> in. Completion date <u>4-16-76</u> Well depth <u>47</u> 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 <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5"</u> in. to <u>47</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>226</u>																
10. Screen: Manufacturer's name <u>Jet Screen</u> Type <u>PVC</u> Dia. <u>5"</u> <input checked="" type="checkbox"/> Gauze _____ Length <u>10'</u> Set between <u>37</u> ft. and <u>47</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 1/2</u>																
11. Static water level: _____ mo./day/yr. <u>32</u> ft. below land surface Date <u>4-16-76</u>																
12. Pumping level below land surfaces: <u>33</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.																
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade																
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>2</u> ft. to <u>10</u> ft.																
16. Nearest source of possible contamination: <u>NONE</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
17. Pump: _____ Not installed Manufacturer's name <u>F+W</u> Model number <u>SBAR</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>42</u> ft. capacity <u>10</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:	19. Remarks:															
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>Karst Water Well 1994</u> Business name _____ License No. _____ Address <u>C Hiway 40 Hays</u> Signed <u>M. B. Ross</u> Date <u>4-16-76</u> Authorized representative															

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

Form WWC-5