

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>NW 1/4 NE 1/4 SE 1/4</u>	Section number: <u>17</u>	Township number: <u>T 13</u>	Range number: <u>S R 20 E</u>
2. Distance and direction from nearest town or city: <u>.05-S, 1/4 W.</u>			3. Owner of well: <u>Lawrence Lang</u>		
Street address of well location if in city: <u>of Ellis Kansas</u>			R.R. or street: <u>R.R. 2</u>		
			City, state, zip code: <u>Ellis, Kansas 67637</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>12</u> in. Completion date _____	
		<p style="font-size: 2em; text-align: center;">This well is in Pasture land</p>		Well depth <u>52</u> ft. <u>9-12-76</u>	
				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	
5. Type and color of material				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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>4</u> lbs./ft. Dia. <u>10</u> in. to <u>10</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>3/16</u>	
				Screen: Manufacturer's name _____ <u>none Open hole</u> Type <u>none</u> Dia. <u>3</u> Slot/gauze <input checked="" type="checkbox"/> Length <input checked="" type="checkbox"/> Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <input checked="" type="checkbox"/>	
				11. Static water level: _____ mo./day/yr. <u>17</u> ft. below land surface Date <u>9-12-76</u>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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>18</u> inches above grade	
				15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>NO</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No	
				17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe <u>51</u> ft. capacity <u>2</u> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <u>Wind mill</u> Other	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<p style="text-align: center;">(chalk)</p> <p>This well is in solid Post Rock. Installed 11.5" 10in casing with packer on end, filled 10 ft plus Platform of cement, platform 2'x2' 6 in dept</p>		<p>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.</p> <p><u>Luca Water Well Drilling 276</u> Business name _____ License No. _____ Address <u>503 Monroe</u> Signed <u>John Luca</u> Date <u>10-8-76</u> Authorized representative</p>	

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

Form WWC-5

T 13  
 R 20  
 E  
 Sec 17  
 NW 1/4  
 NE 1/4  
 SE 1/4