

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 SW 1/4 NE 1/4	Section number 4	Township number T 14	Range number S R 18															
X Distance and direction from nearest town or city: Street address of well location if in city: 413 W 7th HAYS			3. Owner of well: W.E. Wickizer R.R. or street: 413 W. 7th City, state, zip code: HAYS, KS. 67704																	
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 42 in. Completion date 5-20-77 Well depth 42 ft.																	
5. Type and color of material			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																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Topsoil</td> <td>0</td> <td>4</td> </tr> <tr> <td>Brown clay</td> <td>4</td> <td>28</td> </tr> <tr> <td>Medium sand</td> <td>28</td> <td>38</td> </tr> <tr> <td>Blue shale</td> <td>38</td> <td>42</td> </tr> </tbody> </table>				From	To	Topsoil	0	4	Brown clay	4	28	Medium sand	28	38	Blue shale	38	42	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		
	From	To																		
Topsoil	0	4																		
Brown clay	4	28																		
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9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 16 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 42 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 160 PSI			10. Screen: Manufacturer's name Jet Stream Type PVC Dia. 5" (Slot) gauze _____ Length 10' Set between 32 ft. and 42 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 4-1/8																	
11. Static water level: _____ mo./day/yr. 30 ft. below land surface Date 5/20/77			12. Pumping level below land surfaces: 32 ft. after 1 hrs. pumping 10 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																	
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			14. Well head completion: <input type="checkbox"/> Pitless adapter 16 Inches above grade <input checked="" type="checkbox"/> Well grouted? YES With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 1 ft. to 10 ft.																	
16. Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? YES Yes _____ No _____			17. Pump: _____ Not installed Manufacturer's name FWW Model number 5888 HP 1/2 Volts 230 Length of drop pipe 35 ft. capacity _____ g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other _____																	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input 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. HARVEY WUYCH WELL DRILLING Business name _____ License No. _____ Address E Highway 40 Hays 1954 Signed AB Kant Date 5-20-77 Authorized representative																	

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

Form WWC-5