

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 SW 1/4 SW 1/4 | Section number 2 | Township number T 14 S R | Range number 18 E (W) | | | | | | | | | | | | | | |
|--|-------|------------------------|--|----------------------------|------------------------------------|--|----------------|------|------|-------|------------|-------|-------------|-------|-------|-------|---|--|--|--|
| <input checked="" type="checkbox"/> Distance and direction from nearest town or city: Street address of well location if in city: Caneberry | | | 3. Owner of well: Allied Asphalt R.R. or street: Caneberry City, state, zip code: HAYS KS. 67601 | | | | | | | | | | | | | | | | | |
| 4. Locate with "X" in section below: Sketch map: | | | 6. Bore hole dia. 9" in. Completion date 1 Well depth 50 ft. | | | | | | | | | | | | | | | | | |
| | | | 7. 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 checked="" 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 | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td>Fill</td> <td>0 4</td> </tr> <tr> <td>Light Br. Clay</td> <td>4 18</td> </tr> <tr> <td>SAND</td> <td>18 24</td> </tr> <tr> <td>Sandy Clay</td> <td>24 38</td> </tr> <tr> <td>COURSE SAND</td> <td>38 48</td> </tr> <tr> <td>Shale</td> <td>48 50</td> </tr> </tbody> </table> | | | From | To | Fill | 0 4 | Light Br. Clay | 4 18 | SAND | 18 24 | Sandy Clay | 24 38 | COURSE SAND | 38 48 | Shale | 48 50 | 9. Casing: Material STEEL Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 2 1/2 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia 5 in. to 50 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 250 | | | |
| From | To | | | | | | | | | | | | | | | | | | | |
| Fill | 0 4 | | | | | | | | | | | | | | | | | | | |
| Light Br. Clay | 4 18 | | | | | | | | | | | | | | | | | | | |
| SAND | 18 24 | | | | | | | | | | | | | | | | | | | |
| Sandy Clay | 24 38 | | | | | | | | | | | | | | | | | | | |
| COURSE SAND | 38 48 | | | | | | | | | | | | | | | | | | | |
| Shale | 48 50 | | | | | | | | | | | | | | | | | | | |
| (Use a second sheet if needed) | | | 10. Screen: Manufacturer's name Jess & Lowell Type Steirone Dia. 5" Slot/gauze <input type="checkbox"/> Length 10' Set between 38 ft. and 48 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material CMA | | | | | | | | | | | | | | | | | |
| 18. Elevation: | | | 11. <input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____ | | | | | | | | | | | | | | | | | |
| 19. Remarks: | | | 12. <input checked="" type="checkbox"/> 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. | | | | | | | | | | | | | | | | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | 13. <input checked="" type="checkbox"/> Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ | | | | | | | | | | | | | | | | | |
| | | | 14. <input checked="" type="checkbox"/> Well head completion: Pitless adapter _____ Inches above grade | | | | | | | | | | | | | | | | | |
| | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. | | | | | | | | | | | | | | | | | |
| | | | 16. <input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| | | | 17. <input checked="" type="checkbox"/> 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. Draper's Water Well Drilling, Inc. 3574 Business name _____ License No. _____ Address 406 W 24 Signed Robert E. Draper Date 2/1/27 Authorized representative | | | | | | | | | | | | | | | | | |

T 14
 R 18
 E (W)
 Sec 2
 NE SW SW

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

Form WWC-5