

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 SE 1/4 NW 1/4 SW 1/4 Section number 3 Township number T 14 Range number S R 18 E/W | | | | | |
| 2. Distance and direction from nearest town or city: in city limits Street address of well location if in city: East Hwy. 40 City, state, zip code: HAYS KS 67601 | | | | | |
| 3. Owner of well: Don Huston R.R. or street: East Hwy 40 110 E. 194 | | | | | |
| 4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>1 Mile</p> <p>W</p> <p>1 Mile</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>N</p> <table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> </table> <p>S</p> <p>1 Mile</p> </div> <div style="margin-left: 10px;"> <p>E</p> </div> </div> | | NW | NE | SW | SE |
| NW | NE | | | | |
| SW | SE | | | | |
| 5. Type and color of material | | | | | |
| | From To | | | | |
| Fill + top soil | 0' 6' | | | | |
| Rock + Clay | 6' 12' | | | | |
| Clay | 12' 15' | | | | |
| DRY SAND | 15' 18' | | | | |
| Clay | 18' 43' | | | | |
| Sand | 43' 55' | | | | |
| (Use a second sheet if needed) | | | | | |
| 18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | 19. Remarks: | | | | |
| 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 WATER WELL DRILLING Business name 406 W. 24th Hays, KS License No. _____ Address _____ Date 8/25/77 Signed Bob Draper Authorized representative | | | | | |

T 14
 R 18
 E
 S
 SE 1/4 NW 1/4 SW 1/4

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

Form WWC-5