

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 <b>Ellis</b>	Fraction <b>se 1/4 se 1/4 nw 1/4</b>	Section number <b>3</b>	Township number <b>T 14 S R 18 E/W</b>	Range number <b>18</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>E. Hiway 40 Hays, Ks</b>			3. Owner of well: <b>Sun Oil Well Cementing</b> R.R. or street: <b>E. Hiway 40</b> City, state, zip code: <b>Hays, Ks</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>9</u> in. Completion date <b>11-21-79</b> Well depth <u>68</u> ft.	
					7. <input checked="" 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		From	To	8. Use: <input checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
topsoil		0	4	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <u>5</u> PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>68</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>68</u> ft. depth gage No. <u>20</u>		
clay		4	48	10. Screen: Manufacturer's name <u>Jet stream</u> Type <u>pvc</u> Dia. <u>5</u> Slot/gauge <u>3/16</u> Length <u>10</u> Set between <u>50</u> ft. and <u>68</u> ft. <u>50</u> ft. and <u>68</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/2</u>		
fine to medium sand		48	63	11. Static water level: _____ mo./day/yr. <u>50</u> ft. below land surface Date <b>11-21-79</b>		
blue shale		63	68	12. Pumping level below land surfaces: <u>50</u> ft. after <u>2</u> hrs. pumping <u>25</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. 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 checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>gas</u> ft. <u>150</u> Direction <u>east</u> Type <u>tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>F&amp;W</u> Model number <u>10BK9</u> HP <u>1</u> Volts <u>220</u> Length of drop pipe <u>63</u> ft. capacity <u>20</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:		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. <b>Karst Water Well</b> <u>199</u> Business name <u>E. Hiway 40 Hays, Ks</u> License No. _____ Address _____ Signed <u>Neil Karst</u> Date <u>6/1/80</u> Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 14 S R 18 E/W  
 Sec 3  
 1/4 1/4 NW

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

Form WWC-5