

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 SE 1/4 SE 1/4</u>	Section number: <u>3</u>	Township number: T <u>14</u> S R <u>18</u>	Range number: <u>EW</u>
2. Distance and direction from nearest town or city: <u>1/2 mile East of Hays.</u>			3. Owner of well: <u>Gerald Pfeifer</u> R.R. or street: City, state, zip code: <u>Liebertal Kan 67553</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>6-6-79</u> Well depth <u>64</u> ft.	
				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	
				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	
				9. Casing: Material <u>plts</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>glu</u> Surface <u>20</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>44</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>4500</u>	
5. Type and color of material		From		To	
<u>top soil</u>		<u>0</u>		<u>3</u>	
<u>Clay (Brown)</u>		<u>3</u>		<u>52</u>	
<u>F. G. sand w/ c. G. sand + w. gravel</u>		<u>52</u>		<u>62</u>	
<u>Dark Blue Shale</u>		<u>62</u>		<u>64</u>	
				10. Screen: Manufacturer's name <u>Jess + Howell</u> Type <u>plts</u> Dia. <u>5</u> Slot/gauze <u>20</u> Length <u>20</u> Set between <u>44</u> ft. and <u>64</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/8</u>	
				11. Static water level: <u>45</u> ft. below land surface Date <u>6-6-79</u> mo./day/yr.	
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>13</u> <u>batting</u> 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 ____ Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> 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. <u>1000</u> Direction <u>East</u> Type <u>leptid tub</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input type="checkbox"/> 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	
		(Use a second sheet if needed)			
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>no pump installed</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Lucas Water Well Drilling</u> Business name _____ License No. _____ Address <u>503 Monroe East</u> Signed <u>John Lucas</u> Date <u>6-6-79</u> Authorized representative	

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

Form WWC-5