

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 nw 1/4 nw 1/4 nw 1/4	Section number 3	Township number T 14 S R 18 E W	Range number																					
2. Distance and direction from nearest town or city: Street address of well location if in city: 1300 - E 13th St			3. Owner of well: William L. Halling R.R. or street: 3000 Tim O. Shenter Dr City, state, zip code: Hays, Ks. 67601																							
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: Hays, Ks			6. Bore hole dia. 10 in. Completion date _____ Well depth 49 ft. 5-14-79																							
			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 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																							
5. Type and color of material			9. Casing: Material plts Height Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 29 ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. 4 in																							
<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>Top soil</td> <td>0</td> <td>4</td> </tr> <tr> <td>Clay (Brown)</td> <td>4</td> <td>28</td> </tr> <tr> <td>m. Red sand w/ c. Red sand</td> <td>28</td> <td>40</td> </tr> <tr> <td>Clay (Brown)</td> <td>40</td> <td>42</td> </tr> <tr> <td>C.R. Sand w/ small w. Gravel</td> <td>42</td> <td>48</td> </tr> <tr> <td>Dark Blue Slate</td> <td>48</td> <td>49</td> </tr> </tbody> </table>				From	To	Top soil	0	4	Clay (Brown)	4	28	m. Red sand w/ c. Red sand	28	40	Clay (Brown)	40	42	C.R. Sand w/ small w. Gravel	42	48	Dark Blue Slate	48	49	10. Screen: Manufacturer's name _____ Jess + Farrell Type plts Dia. 5 Slow gauze _____ Length 20 Set between 29 ft. and 49 ft. _____ ft. and _____ ft.		
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			11. Static water level: _____ mo./day/yr. 25 ft. below land surface Date 5-14-79																							
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 galing 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 5 ft. to 17 ft.																							
			16. Nearest source of possible contamination: _____ ft. 150 Direction n 4 Type City sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
			17. 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																							
(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: no pump in stalled																								
		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. Luce Water Well Druff 972 Business name _____ License No. _____ Address: John Luce 503 main Signed: John Luce Date 5-14-79 Authorized representative																								

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

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

Form WWC-5