

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 SE 1/4		Section number 4		Township number T 14 S R 18 E W 1		Range number 18	
2. Distance and direction from nearest town or city: Street address of well location if in city: 810 E 8th				3. Owner of well: Henry Schwaller R.R. or street: 217 W 35 City, state, zip code: Hays KS					
4. Locate with "X" in section below: 				6. Bore hole dia. 9 in. Completion date 2-12-75 Well depth 47 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 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other 7th Well 1974 8. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 14 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 47 ft. depth <input checked="" type="checkbox"/> Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 2255					
5. Type and color of material				From		To		10. Screen: Manufacturer's name Set Stream	
Yog soil				0		5		Type PVC Dia. 5"	
Sub soil				5		15		Slot/gauze _____ Length 10	
Brown clay				15		35		Set between 36 ft. and 46 ft.	
sand				35		43		Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 x 1/2	
blue shale				43		47		11. Static water level: _____ mo./day/yr. 35 ft. below land surface Date 2-12-75	
								12. Pumping level below land surfaces: 35 ft. after 1 hrs. pumping 10 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m.	
								13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
								14. Well head completion: _____ Pitless adapter 14 inches above grade <input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 1 ft. to 10 ft.	
								16. Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No	
								17. Pump: <input checked="" 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: *SWIMMING POOL						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. Kant Water Well 199A Business name _____ License No. _____ Address 217 W 35 Hays KS Signed H E Schwaller Date 2-12-75 Authorized representative	

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

Form WWC-5