

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 SW 1/4 SE 1/4 NE 1/4	Section number 9	Township number T 14 S	Range number R 18 E
2. Distance and direction from nearest town or city: Street address of well location if in city: 700 E. 7th			3. Owner of well: August Windholz jr. R.R. or street: 700 E. 7th City, state, zip code: Hays, Ks 67601			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>6</u> in. Completion date 4-5-76 Well depth <u>36</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 checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
Topsoil		0	5	9. Casing: Material <u>plst</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>5</u> in. to <u>36</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>200</u>		
Clay, sandy brown		5	21	10. Screen: Manufacturer's name <u>Jess + Lowell</u> Type <u>RMP</u> Dia. <u>5 in</u> Slot/gauze <u>206</u> Length <u>8 ft</u> Set between <u>28</u> ft. and <u>36</u> ft. <u> </u> ft. and <u> </u> ft.		
Water sand to blue shale		21	36	Gravel pack? <u>yes</u> Size range of material <u>1/2</u>		
				11. Static water level: <u> </u> mo./day/yr. <u>20</u> ft. below land surface Date <u>4-4-76</u>		
				12. Pumping level below land surfaces: <u>21</u> ft. after <u>1</u> hrs. pumping <u>12</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>150</u> g.p.m.		
				13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>6</u> ft. to <u>16</u> ft.		
				16. Nearest source of possible contamination: <u>sewer</u> ft. <u>31</u> Direction <u>N</u> Type <u>line</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <u>Fairbanks</u> <input type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>34</u> ft. capacity <u>21</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. <u>R. F. Coupal</u> <u>266</u> Business name <u> </u> License No. <u> </u> Address <u>616 E. 6th Hays, Ks</u> Signed <u>Raymond F. Coupal</u> Date <u>4-5-76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 14 S R 18 E
SW SE NE

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

Form WWC-5