

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>SW 1/4 SW 1/4 NW 1/4</b> Section number <b>10</b> Township number <b>T 14 S R 18 EW</b> Range number																
2. Distance and direction from nearest town or city: <b>1 S of Hays</b> Street address of well location if in city: <b>Hays Route</b> 3. Owner of well: <b>Norbert Hay</b> R.R. or street: <b>Munior Route</b> City, state, zip code: <b>Hays, Kansas 67601</b>																
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> <div> <p>Hoase ↓</p> <p>Well <b>183</b></p> <p><b>BIG CREEK</b></p> </div> </div>																
5. Type and color of material <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>Topsoil</td> <td>0</td> <td>11</td> </tr> <tr> <td>Fine Sand</td> <td>11</td> <td>26</td> </tr> <tr> <td>Gravel</td> <td>26</td> <td>36</td> </tr> <tr> <td>Blue Shale</td> <td>36</td> <td>39</td> </tr> </tbody> </table>			From	To	Topsoil	0	11	Fine Sand	11	26	Gravel	26	36	Blue Shale	36	39
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6. Bore hole dia. <b>9</b> in. Completion date <b>2/10/76</b> Well depth <b>39</b> ft.																
7. 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																
Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threading: <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>25</b> in. RMP: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight: _____ lbs./ft. Dia. <b>5</b> in. to <b>39</b> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth Gage No. <b>258</b>																
10. Screen: Manufacturer's name <b>Jet Stream</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze _____ Length <b>10'</b> Set between <b>28</b> ft. and <b>38</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>1/4"</b>																
11. Static water level: _____ mo./day/yr. <b>22</b> ft. below land surface Date <b>2/10/76</b>																
12. Pumping level below land surfaces: <b>29</b> ft. after <b>1</b> hrs. pumping <b>10</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> 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 <b>25</b> Inches above grade																
15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>1</b> ft. to <b>10</b> ft.																
16. Nearest source of possible contamination: <b>None</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:	19. Remarks:															
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	<b>None</b>															
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 199A</b> Business name _____ License No. _____ Address <b>E. Hwy 40 Hays</b> Signed <b>SM B. Jones</b> Date <b>2/10/76</b> Authorized representative																

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

Form WWC-5