

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 11	Township number T 14	Range number S R 18	EW
2. Distance and direction from nearest town or city: 1-1/8 mile East of Hays, Kans.			3. Owner of well: Bob Jacques			
Street address of well location if in city:			R.R. or street: 2708 Woodrow			
			City, state, zip code: Hays, Ks 27659			
4. Locate with "X" in section below:		Sketch map:		6. Core hole dia. 10 in. Completion date Oct 3-78		
N		W		Well depth 65 ft.		
E		S		7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
1 Mile		1 Mile		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
1 Mile		1 Mile		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
1 Mile		1 Mile		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
1 Mile		1 Mile		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
1 Mile		1 Mile		9. Casing: Material plts Height: Above or below		
1 Mile		1 Mile		Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in.		
1 Mile		1 Mile		RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.		
1 Mile		1 Mile		Dia. 5 in. to 40 ft. depth Wall Thickness: inches or		
1 Mile		1 Mile		Dia. _____ in. to _____ ft. depth gage No. 125-4		
5. Type and color of material			From	To	10. Screen Manufacturer's name	
0-12 Top soil			0	12	James Lowell	
2 Brown Clay			12	40	Type plts Dia. 5	
Fine Gray sand and Coarse Gray sand			40	62	Slot/gauze 1/4 Length 25	
mixed with Brown Clay					Set between 40 ft. and 65 ft.	
Light blue to dark blue shale			62	65	Gravel pack? yes Size range of material 1/4 - 3/8	
					11. Static water level: _____ mo./day/yr.	
					45 ft. below land surface Date Oct 3-78	
					12. Pumping level below land surfaces:	
					_____ ft. after _____ hrs. pumping _____ g.p.m.	
					_____ ft. after _____ hrs. pumping _____ g.p.m.	
					Estimated maximum yield 12 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? yes	
					With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
					Depth: From 7 ft. to 20 ft.	
					16. Nearest source of possible contamination:	
					ft. 75 Direction SE Type fuel tank	
					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:		19. Remarks:		20. Water well contractor's certification:		
Topography:		Use do not install pumps & test this well with a bailer		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill				Lucas Water Well Drilling 276		
<input checked="" type="checkbox"/> Slope				Business name _____ License No. _____		
<input checked="" type="checkbox"/> Upland				Address 503 Monroe		
<input type="checkbox"/> Valley				Signed John Lucas Date Oct 10-78		
				Authorized representative		

T 14 S R 18 NW 1/4 NW 1/4 NW 1/4

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

Form WWC-5