

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: <u>Ellis</u>	Fraction: <u>SE 1/4 NE 1/4 NE 1/4</u>	Section number: <u>12</u>	Township number: <u>T 14 S R 18</u>	Range number: <u>EW</u>
2. Distance and direction from nearest town or city: <u>3 mi East + 1/2 south of Hays, Kas.</u>		3. Owner of well: <u>Carlyle Thompson</u> R.R. or street: <u>R1 Munjar Road</u> City, state, zip code: <u>Hays, Kas. 67601</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date: <u>11-18-78</u> Well depth <u>36</u> ft.	
		<p>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</p>		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	
				9. Casing: Material <u>plastic</u> Height: <u>20</u> in. Above or below Threaded <input type="checkbox"/> Welded <u>gl.</u> Surface <u>20</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>21</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>44 in</u>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ Type <u>plastic</u> Dia. <u>5</u> Slot/gauze _____ Length <u>15</u> Set between <u>21</u> ft. and <u>36</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 - 1/4 in</u>
<u>Top soil</u>			<u>0</u>	<u>6</u>	11. Static water level: _____ mo./day/yr. <u>21</u> ft. below land surface Date <u>11-18-78</u>
<u>Clay (Brownish)</u>			<u>6</u>	<u>23</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15 - by delivery</u> g.p.m.
<u>Sand (coarse grey) mix Clay (Brownish)</u>			<u>23</u>	<u>34</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
<u>Shale (dark blue)</u>			<u>34</u>	<u>36</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>20</u> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.
					16. Nearest source of possible contamination: <u>Septic tank</u> ft. <u>75</u> Direction <u>South</u> Type <u>Drink</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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 _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other
(Use a second sheet if needed)					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>Ruee Water Well Drilling</u> 276 Business name License No. Address <u>503 Monroe</u> Sign <u>John Ruee</u> Date <u>12-13-78</u> Authorized representative
18. Elevation:	19. Remarks: <u>We do not install pumps</u>				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

14-180-12-SE-11-NE

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

Form WWC-5