

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 NE 1/4 NE 1/4	Section number 12	Township number T 14 S R 18	Range number EW
2. Distance and direction from nearest town or city: 3E of HAYS		3. Owner of well: RAY Schlitter			
Street address of well location if in city: on #40		R.R. or street: _____			
		City, state, zip code: Hays Ks 67601			
4. Locate with "X" in section below:		Sketch map: n		6. Bore hole dia. 2 7/8 in. Completion date X	
				Well depth 50 ft.	
				7. <input checked="" 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	
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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 Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 2 7/8 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 50 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 300	
5. Type and color of material		From	To	10. Screen: Manufacturer's name Gess + Lowell	
Top soil		0	2	Type steirne Dia. 5"	
DARK BR. CLAY		2	13	Slot/gauze X Length X	
light yellow clay + silt		13	19	Set between 50 ft. and 40 ft. 35 ft. and 35 ft.	
REAL fine sand		19	23	Gravel pack? yes Size range of material CMA	
BR. CLAY		23	27	11. <input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
sand		27	32	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
shale		32	50	Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
				15. Well grouted? no With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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	
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.	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)		Draper Water Well Drlg, Inc Business name _____ License No. 354 Address 406 W. 24th Signed Robert C. Draper Date 8/11/78 Authorized representative	

T 14 S R 18
 Sec 12
 SW NE

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

Form WWC-5