

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 NE 1/4 SW 1/4 NE 1/4		Section number 12		Township number T 14 S R		Range number 19 E			
2. Distance and direction from nearest town or city: 2 mi West of HAYS				3. Owner of well: Keith Kingsly							
Street address of well location if in city:				R.R. or street:							
				City, state, zip code: HAYS KS 67601							
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. 7 1/2 in. Completion date: X			Well depth 100 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 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		
Top Soil			0			2			<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock		
Clay			2			10			<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Rock			10			12			9. Casing: Material STEEL Height: Above or below		
Light Brown Clay			12			28			Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in.		
White broken Rock			28			32			RMP _____ PVC _____ Weight _____ lbs./ft.		
Shale			32			100			Dia. 5 in. to 100 ft. depth Wall Thickness: inches or		
(wanted rat hole)									Dia. _____ in. to _____ ft. depth gage No. 250		
									10. Screen: Manufacturer's name Jess d Lowell		
									Type STEEL Dia. 5"		
									Slot/gauze _____ Length 20'		
									Set between 28 ft. and 38 ft.		
									90 ft. and 100 ft.		
									Gravel pack? yes Size range of material CMA		
									11. Static water level: _____ mo./day/yr.		
									_____ ft. below land surface Date _____		
									12. Pumping level below land surfaces:		
									_____ ft. after _____ hrs. pumping _____ g.p.m.		
									_____ ft. after _____ hrs. pumping _____ g.p.m.		
									Estimated maximum yield _____ g.p.m.		
									13. Water sample submitted: _____ mo./day/yr.		
									Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____		
									14. Well head completion:		
									<input checked="" type="checkbox"/> Pitless adapter _____ inches above grade		
									15. Well grouted? <input checked="" type="checkbox"/>		
									With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
									Depth: From 0 ft. to 10 ft.		
									16. Nearest source of possible contamination:		
									ft. _____ Direction _____ Type _____		
									Well disinfected upon completion? Yes <input type="checkbox"/> No <input type="checkbox"/>		
									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:							
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.							
<input type="checkbox"/> Hill				Draper Water Well Drig. Inc							
<input type="checkbox"/> Slope				Business name _____ License No. _____							
<input checked="" type="checkbox"/> Upland				Address 400 W. 24th _____							
<input type="checkbox"/> Valley				Signed Robert C Draper _____ Date 8/1/78							

T 14 R 19 E Sec 12 NE 1/4 SW 1/4

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

Form WWC-5