

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 NE 1/4 NE 1/4	Section number 15	Township number T 15 S R	Range number 17 (EW)
2. Distance and direction from nearest town or city: 8 mi. SE of Munger			3. Owner of well: Celestine Pfannestiel			
Street address of well location if in city: From Munger 5335 N, 1E			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 7/8 in. Completion date X Well depth 160 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 <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Top Soil			0	3	9. Casing: Material STEIRAP Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 4 in. to 160 ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. 250	
BR. Clay			3	18	10. Screen: Manufacturer's name Jess + Lowell Type STEIRAP Dia. 4" Slot/gauze <input type="checkbox"/> Length 20 Set between 140 ft. and 160 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft.	
fine Sand			18	20	Gravel pack? <input checked="" type="checkbox"/> Size range of material CMA	
Greene home shale			20	100	11. <input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
Grandis			100	140	12. <input checked="" type="checkbox"/> 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.	
Sand (Dakota)			140	160	13. <input checked="" type="checkbox"/> Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
					14. <input checked="" type="checkbox"/> 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 0 ft. to 10 ft.	
					16. <input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					17. <input checked="" type="checkbox"/> 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Drapers Water Well Drilling Inc. Business name _____ License No. 354 Address 4000 W. 7th Signed Robert C. Draper Date 2/11/78 Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5