

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 <b>ELLIS</b>	Fraction <b>NW 1/4 NW 1/4 NE 1/4</b>	Section number <b>21</b>	Township number <b>T 15</b>	Range number <b>S R 18</b>	<b>EW</b>
Distance and direction from nearest town or city <b>9 S 1 W 1 1/2 E</b>			3. Owner of well: <b>Dan Turner</b>				
Street address of well location if in city: <b>Hays Ks.</b>			R.R. or street: <b>R.R.</b>				
City, state, zip code: <b>Hays</b>							
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>7 1/2</b> in. Completion date <b>9-15-77</b> Well depth <b>226</b> 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 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			
<b>Topsoil</b>		<b>0</b>	<b>4</b>	9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>1 1/2</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>221</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>160 PSI</b>			
<b>Limestone rock</b>		<b>4</b>	<b>21</b>	10. Screen: Manufacturer's name <b>Jet Stream</b> Type <b>PVC</b> Dia. <b>5"</b> Sieve gauge _____ Length <b>20'</b> Set between <b>201</b> ft. and <b>221</b> ft. _____ ft. and _____ ft. Gravel pack? <b>YES</b> Size range of material <b>1/4-1/8</b>			
<b>Blue shale</b>		<b>21</b>	<b>185</b>	11. Static water level: _____ mo./day/yr. <b>140</b> ft. below land surface Date <b>9-15-77</b>			
<b>White Dakota clay</b>		<b>185</b>	<b>198</b>	12. Pumping level below land surfaces: <b>140</b> ft. after <b>2</b> hrs. pumping <b>10</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
<b>Dakota sandstone</b>		<b>198</b>	<b>226</b>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>1-22-81</b>			
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade			
				<input checked="" type="checkbox"/> Well grouted? <b>YES</b> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>6</b> ft. <b>100-200</b>			
				16. Nearest source of possible contamination: <b>none</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <b>YES</b> Yes _____ No			
				17. Pump: _____ Not installed Manufacturer's name <b>F+W</b> Model number <b>TBA12</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>168</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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. <b>Korst Water Well Drilling</b> Business name _____ License No. _____ Address <b>Highway 40 Hays</b> _____ Signed <b>[Signature]</b> Date <b>9-15-77</b> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5