

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 SE 1/4 NW 1/4 SE 1/4	Section number 1	Township number T 15	Range number S R 19 E W
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: Don Butcher R.R. or street: Antoniao Rural City, state, zip code: Antoniao Ks.			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 7 1/2 in. Completion date <input checked="" type="checkbox"/> _____ Well depth 20 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	
5. Type and color of material		From		To	
Top soil		0		2	
white clay		2		5	
sand		5		7	
clay		7		13	
Sand		13		20	
Shale		20			
(owner would) (cement well)				10. Screen: Manufacturer's name Jess & Lowell	
				Type Steiner Dio. 5"	
				Slot/gauze _____ Length 10'	
				Set between 10 ft. and 20 ft.	
				Gravel pack? yes Size range of material CMA	
				<input checked="" type="checkbox"/> Static water level: _____ ma./day/yr. _____ ft. below land surface Date _____	
				<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.	
				<input checked="" type="checkbox"/> Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
				<input checked="" type="checkbox"/> Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
		15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.			
		<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No			
		<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 _____ 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. Draper Water Well Drkg. Inc Business name _____ License No. _____ Address 406 W. 24th Signed Robert E. Draper Date 8/17/78 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 15 - 19 E
R
Sec 1 - SE 1/4

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

Form WWC-5