

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>Grant</b>	Fraction <b>Center of SW 1/4</b>	Section number <b>3</b>	Township number <b>T 27 S</b>	Range number <b>R 36 E</b>
2. Distance and direction from nearest town or city: <b>E. of Ulysses on Hiway 160 to the Hickok Elevators (Approx. 6 1/2 mi.) 8 N., 1 W., 3 N.</b>				3. Owner of well: <b>Henry Smith</b> R.R. or street: <b>Route 1</b> City, state, zip code: <b>Ulysses, Kansas 67880</b>		
4. Locate with "X" in section below: <b>1/4 E.</b> Sketch map:				6. Bore hole dia. <b>26</b> in. Completion date <b>5-3-77</b> Well depth <b>430</b> ft.		
				7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
5. Type and color of material				9. Casing: Material <b>steel</b> Height: Above <del>land surface</del> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>36.87</b> lbs./ft. Dia. <b>16</b> in. to <b>431</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>.250</b>		
				10. Screen: Manufacturer's name <b>Johnson</b> Type <b>galv.</b> Dia. <b>16"</b> Slot/size <del>1/2"</del> Length <b>20</b> ft. Set between <b>380</b> ft. and <b>420</b> ft. Perf: <b>180-380</b> ft. and <b>420-430</b> ft. Gravel pack? <b>yes</b> Size range of material <b>1/2" down</b>		
				11. Static water level: <b>162</b> ft. below land surface Date <b>4-7-77</b> mo./day/yr.		
				12. Pumping level below land surfaces: <b>182</b> ft. after <b>2</b> hrs. pumping <b>1350</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield* <b>1500</b> g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
				15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: <b>N/A</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Goulds</b> Model number <b>127A</b> HP <b>150</b> Volts ____ Length of drop pipe <b>260</b> ft. capacity <b>1200</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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. <b>Minter-Wilson Drilling Co. 208</b> Business name License No. ____ Address <b>Box A Garden City, Ks.</b> Signed <b>[Signature]</b> Date <b>9-30-77</b> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 27 S  
 R 36 E  
 Sec 3-  
 1/4 1/4 1/4

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

Form WWC-5