

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Grant	Township name	Fraction C-NW$\frac{1}{4}$	Section number 17	Town number T27S	Range number R36W
Distance and direction from nearest town or city: 6 mi. N., 4 mi. E., 1$\frac{1}{2}$ mi. N., $\frac{1}{2}$ mi. E. of Ulysses				3 Owner of well: Edna B. Petro Address: 4712 W. 6th., Apt. 262 Topeka, Kansas 66606		
Locate with "X" in section below:		Sketch map:		4 Well depth: 420 ft. Date of completion 1-31-75 Well diameter 26 in.		
				5 <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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____		
2 Type and color of material				7 Casing: Material Steel Height: above 12 in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 16 in. to 420 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer Johnson Type Galvanized Dia. 16 in. Slot/groove 100x100 Length 20 ft. Set between 310 ft. and 330 ft. 50 lb. per ft. Fittings: <input checked="" type="checkbox"/> See Remarks Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2" down		
From To Surface & Fine Sand 0 15 Brown Clay 15 30 Fine Sand 30 45 Brown Clay 45 75 Fine Sand 75 90 Brown Clay 90 120 Fine Sand 120 135 Blue Clay 135 210 Brown Sandy Clay 210 255 Coarse Sand 255 330 Brown Sandy Clay - Fine Sand Strips 330 415 Blue Shale 415 570 (use a second sheet if needed)				9 Static water level: 154 ft. below land surface Date 2-10-75		
				10 Pumping level below land surfaces: 205 ft. after 2 hrs. pumping 300 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 1200 g.p.m.		
16 Remarks: elevation Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley Drilling Sub-contracted to: Minter-Wilson Drilling Co. License # 208 Garden City, Kan. * Lakewood Perf. - Slot - .125 X 66 Set between 260' & 350' and between 370' & 420'				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: 12" <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
17 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. K. I. Drilling Co. 263 Business name License No. Address Box 669, Ulysses, Kan. Signed Bob Fisher Date 2-3-75 Authorized representative				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: in field ft. _____ Direction none Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Peerless Model number used HP 150 Volts _____ Length of drop pipe 260 ft. capacity 1200 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				16		
				17		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5