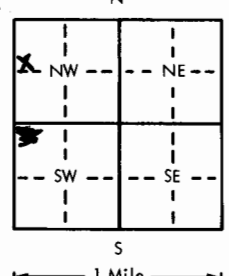



USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Grant	Fraction SW 1/4 NW 1/4 NW 1/4	Section number 1	Township number T 27 S R 37 E/W	Range number 37
2. Distance and direction from nearest town or city: 12 mi N - NE Ulysses, Ks. Street address of well location if in city:			3. Owner of well: Leon Shapland R.R. or street: Rt 1 City, state, zip code: Ulysses, Ks. 67880			
X Locate with "X" in section below: 			Sketch map: 		6. Bore hole dia. 4 in. Completion date 10/79 Well depth 360 ft.	
5. Type and color of material			From	To	7. 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	
			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			
			9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24" in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 200 lbs./ft. Dia. 5 in. to 12 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 262			
			10. Screen: Manufacturer's name Est Stream Type <input type="checkbox"/> Dia. 5 Slot/gauze <input checked="" type="checkbox"/> Length 40 Set between 330 ft. and 360 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material #1			
			11. Static water level: <input checked="" type="checkbox"/> mo./day/yr. 205 ft. below land surface Date 10/79			
12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m. 13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 10/79			14. Well head completion: NA <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
			15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 21 ft. to 5 ft.			
			16. Nearest source of possible contamination: ft. 130 Direction S Type Sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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			
			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. Business name Jim Smith Pump & Service License No. 160 Address Johnson, Ks 67855 Signed James Ray Smith Date 10/79 Authorized representative			
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: (Use a second sheet if needed)				

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

Form WWC-5