

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 35W

1. Location of well:		County <i>Grant</i>	Fraction <i>NW 1/4 SW 1/4</i>	Section number <i>15</i>	Township number T <i>28</i> S R <i>33</i> E/W	Range number
2. Distance and direction from nearest town or city: <i>12 E - 3 1/4 N</i>				3. Owner of well: <i>Bill Covey</i>		
Street address of well location if in city: <i>Ulysses, Ks</i>				R.R. or street: <i>RFD 1 Box 65</i>		
				City, state, zip code: <i>Ulysses, Ks 67880</i>		
4. Locate with "X" in section below:		Sketch map:				
N						
W						
S						
5. Type and color of material		From	To	7. Bar hole dia. <i>9</i> in. Completion date <i>8/79</i> Well depth <i>405</i> ft. <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		
<i>CLAY</i>		<i>0'</i>	<i>50'</i>	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
<i>Sand Fine to med.</i>		<i>50'</i>	<i>180'</i>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
<i>CLAY</i>		<i>180'</i>	<i>270'</i>	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<i>CLAY w/ fine sand stripes</i>		<i>270'</i>	<i>405'</i>	9. Casing: Material _____ Height: Above or below		
				Threaded _____ Welded _____ Surface <i>1'</i> in.		
				RMP _____ PVC <i>200</i> Weight <i>200</i> lbs./ft.		
				Dia. <i>5 1/2</i> in. to <i>10</i> ft. depth Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth gage No. <i>362</i>		
				10. Screen: Manufacturer's name <i>Jet Stream</i>		
				Type <i>PVC</i> Dia. <i>5"</i>		
				Slot/gauze <i>Slot</i> Length <i>40'</i>		
				Set between <i>300'</i> ft. and <i>405'</i> ft.		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>#1</i>		
				11. Static water level: _____ mg./day/yr.		
				<i>280</i> ft. below land surface Date <i>8/79</i>		
				12. Pumping level below land surfaces:		
				<i>320'</i> ft. after <i>48</i> hrs. pumping <i>12</i> g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr.		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion:		
				<input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? _____		
				With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete		
				Depth: From <i>5</i> ft. to <i>20</i> ft.		
				16. Nearest source of possible contamination:		
				ft. _____ Direction _____ Type _____		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed		
				Manufacturer's name _____		
				Model number _____ HP _____ Volts _____		
				Length of drop pipe _____ ft. capacity _____ 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		
				(Use a second sheet if needed)		
18. Elevation:	19. Remarks:		20. Water well contractor's certification:			
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>160</i>			
<input type="checkbox"/> Hill			Business name <i>Jim Smith Pump Service</i> License No. _____			
<input checked="" type="checkbox"/> Slope			Address <i>Johnson, Ks. 67855</i>			
<input type="checkbox"/> Upland			Signed <i>James Smith</i> Date <i>8/79</i>			
<input type="checkbox"/> Valley			Authorized representative			

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

Form WWC-5

28
 35E
 15
 NW 1/4 SW 1/4