

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>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>9</b>	Township number <b>T 28 S R 37 E</b>	Range number <b>37 E</b>
2. Distance and direction from nearest town or city: <b>2 Mi N of Ulysses, Ks.</b>			3. Owner of well: <b>Gerald Gray</b> R.R. or street: <b>Rt. #3</b> City, state, zip code: <b>Ulysses, Ks. 67880</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: Septic Tank House Water well metal shop		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			6. Bore hole dia. <b>4 7/8</b> in. Completion date <b>11-7-77</b> Well depth <b>430</b> ft.		
5. Type and color of material			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		
Surface fine sand			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		
Brown clay			9. Casing: Material <b>Styro</b> Height: <b>Above or below</b> Threading: <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>78</b> in. RMP <input checked="" type="checkbox"/> <b>Styro</b> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>430</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>320</b>		
Blue clay			10. Screen: Manufacturer's name <b>Sunflower</b> <b>Plastic Pipe, Inc.</b> Type <b>Rmp</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>3080</b> Set between <b>340 x 280</b> ft. and <b>320 x 340</b> ft. <b>410</b> ft. and <b>430</b> ft.		
Sand & gyp			Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 x 1/8</b>		
Sand			11. Static water level: <b>11-7-77</b> mo./day/yr. <b>220</b> ft. below land surface Date		
Brown sandy clay			12. Pumping level below land surfaces: <b>NA</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Brown clay			13. Water sample submitted: <b>NA</b> mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date		
Sand			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>18</b> inches above grade		
Blue shale			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.		
Dakota sand			16. Nearest source of possible contamination: <b>septic tank</b> ft. <b>150</b> Direction <b>SW</b> Type <b>septic tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)			17. Pump: <b>NA</b> 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		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		Flat: Concrete slab to be installed by owner.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Wagner Drilling 253</b> Business name _____ License No. _____ Address <b>Ulysses, Ks. 67880</b> Signed <b>Wagner Drilling</b> Date <b>11-10-77</b> Authorized representative	

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

Form WWC-5