

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 NE 1/4 NE 1/4</b>	Section number <b>32</b>	Township number <b>T 28S S R 37W</b>	Range number <b>E/W</b>
2. Distance and direction from nearest town or city: <b>from four way stop at Ulysses-1 mile west 1/4 south</b> <small>Street address of well location if in city:</small>			3. Owner of well: <b>Gregg Mobile Homes</b> R.R. or street: <b>% Tom Gregg, Box 467</b> City, state, zip code: <b>Ulysses, Ks.</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9 1/2</u> in. Completion date _____ Well depth <u>360</u> ft. <u>10/6/78</u>	
		7. <input 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		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 <u>styrene</u> Height <u>Above</u> or below <u>glued and rivet</u> <input type="checkbox"/> Treaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>280</u> ft. depth; Wall Thickness: inches or Dia. <u>300</u> in. to <u>340</u> ft. depth; gage No. <u>320</u>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ <u>Sunflower</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>40</u> Set between <u>280</u> ft. and <u>300</u> ft. <u>340</u> ft. and <u>360</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4"</u> 11. Static water level: _____ mo./day/yr. <u>200</u> ft. below land surface Date <u>10-4/78</u> 12. Pumping level below land surfaces: <u>225</u> ft. after <u>24</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m. 13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. 16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>NA</u> 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
<b>Surface</b>			<b>0</b>	<b>2</b>	
<b>Sandy clay</b>			<b>2</b>	<b>60</b>	
<b>Clay</b>			<b>60</b>	<b>220</b>	
<b>Clay, sandy clay w/fine sand strips</b>			<b>220</b>	<b>275</b>	
<b>Medium sand /wclay strips</b>			<b>275</b>	<b>297</b>	
<b>Sandy clay w/fine sand strips</b>			<b>297</b>	<b>340</b>	
<b>Yellow chalk and sandstone 15%</b>			<b>340</b>	<b>360</b>	
(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>Houck Bros. Drlg. Co. 164</b> Business name <b>Box 487, Ulysses, Ks.</b> License No. _____ Address _____ Signed <u>M. Beard</u> Date <u>10/20/78</u> Authorized representative		

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

Form WWC-5