

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: SE 1/4 SE 1/4 SE 1/4 | Section number: X 25 | Township number: T 29 S | Range number: S R 36 |
| 2. Distance and direction from nearest town or city: 2 mi. East & 4 1/2 mi. south of Hickok. Street address of well location if in city: | | | 3. Owner of well: Betty Gee R.R. or street: 830 Ulysses Parkway City, state, zip code: Ulysses, Kansas 67880 | | |
| 4. Locate with "X" in section below: N W S 1 Mile Sketch map: Hickok 2 mi. East SE 1/4 SE 1/4 SE 1/4 4 1/2 mi. S. X | | | 6. Bore hole dia. 450 in. Completion date _____ Well depth 26 ft. | | |
| 5. Type and color of material | | | 7. <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 | | |
| | | | 8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | |
| | | | 9. Casing: Material Steel Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight 34 1/2 lbs./ft. Dia. 16 in. to 450 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____ | | |
| | | | 10. Screen: Manufacturer's name Johnson Type Galvanized Dia. 16 in. Slot/gauge 100x100 Length 40 ft. Set between 400 ft. and 440 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 Down | | |
| | | | 11. Static water level: _____ mo./day/yr. 160 ft. below land surface Date 4-26-76 | | |
| | | | 12. Pumping level below land surfaces: 302 ft. after 6 hrs. pumping 900 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1000 g.p.m. | | |
| | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | | |
| | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade | | |
| | | | 15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft. | | |
| | | | 16. Nearest source of possible contamination: _____ ft. Direction none in field Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| | | | 17. Pump: _____ Not installed Manufacturer's name Goulds Model number 12 J HP 200 Volts _____ Length of drop pipe 360 ft. capacity 1000 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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. K. I. Drilling Co., Inc. License No. 263 Business name _____ Address Box 669, Ulysses, Kn. Signed M. J. [Signature] Date 5-22-76 Authorized representative | | |
| 18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | 19. Remarks: Drilling Sub-contracted to: Minter-Wilson Drilling Co. License #208 Garden City, Kn. 67846 * Lakewood - Slot - 125 X 66 Set Between 300' & 400', 440' & 450' | | | | |

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

Form WWC-5