

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>NE 1/4 NE 1/4 NW 1/4</b>	Section number <b>9</b>	Township number <b>T 29 S R 37 E/W</b>	Range number <b>37</b>
2. Distance and direction from nearest town or city: <b>1 1/4 mi West of</b>			2. Distance and direction from nearest town or city: <b>2 mi South +</b>		3. Owner of well: <b>Sidney Goodwin</b>	
Street address of well location if in city: <b>Ulysses, Kansas</b>			R.R. or street: <b>Route 2</b>		City, state, zip code: <b>Ulysses, Ks 67880</b>	
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>7 7/8</b> in. Completion date <b>6-24-76</b> Well depth <b>330</b> ft.		
				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		
5. Type and color of material		From	To	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		
Surface & fine sand		0	20	9. Casing: Material <b>Steel</b> Height: Above or below Threading <b>Welded</b> Surface <b>12</b> in. RMP <b>PVC</b> Weight <b>1</b> lbs./ft. Dia. <b>5</b> in. to <b>330</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>330</b> ft. depth gage No. <b>320</b>		
Fine sand		20	80	10. Screen: Manufacturer's name <b>Sunflow</b> <b>Plastic Pipe Inc.</b> Type <b>.06 (1/16)</b> Dia. <b>5"</b> Slot/gauze <b>40</b> Length <b>40</b> Set between <b>290</b> ft. and <b>330</b> ft. ft. and <b>330</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 x 1/8</b>		
Brown Clay		80	180	11. Static water level: <b>90</b> ft. below land surface Date <b>6-27-76</b> mo./day/yr.		
Blue "		180	240	12. Pumping level below land surfaces: <b>NA</b> ft. after <b>NA</b> hrs. pumping <b>NA</b> g.p.m. ft. after <b>NA</b> hrs. pumping <b>NA</b> g.p.m. Estimated maximum yield <b>NA</b> g.p.m.		
Brown "		240	275	13. Water sample submitted: <b>NA</b> mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date		
Sand		275	280	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
Brown Clay + Sand strips		280	330	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.		
(Use a second sheet if needed)				16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>N.W.</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: Manufacturer's name <b>Gould</b> Not installed Model number <b>NA</b> HP <b>2</b> Volts <b>230</b> Length of drop pipe <b>278</b> ft. capacity <b>NA</b> g.p.m. Type: <input checked="" 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 checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	Concrete Slab to be poured by customer.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Wagner Drilling 253A</b> Business name <b>Ulysses, Ks.</b> License No. Address <b>Ulysses, Ks.</b> Signed <b>Wagner Wagner</b> Date <b>6-28</b> Authorized representative			

T 29 S R 37 E  
 Sec 9  
 NE 1/4 NW 1/4

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

Form WWC-5