

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County GRANT	Township name LINCOLN	Fraction NW	Section number 32	Town number 29	Range number 37				
Distance and direction from nearest town or city: 2 miles west, 6 miles south of Ulysses, Ks. Street address of well location if in city:				3 Owner of well: Vernal Lattimore Address: Rt. # 2, Ulysses, Ks. 67880						
Locate with "X" in section below:		Sketch map:		4 Well depth: 405 ft. Date of completion 2-3-75 Well diameter 5 in.						
		<p>396' south 528' east of NW corner of quarter.</p>		5 <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						
				6 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"/> Commercial <input type="checkbox"/> Test well						
2		Type and color of material		From		To		7 Casing: Material plis. Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. Glued Weight 320 lb/ft in. to ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
								8 Screen: Manufacturer NA Type No Dia. NA Slot/gauze fac. cut Length _____ Set between _____ ft. and _____ ft. Fitting plain 0-280:perf. 280-300: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material plain		
								9 Static water level: 300-380: 130 ft. below land surface Date _____ Perf. 380		
								10 Pumping level below land surfaces: NA _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
								11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
								12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 inches above grade		
								13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 6 ft. to 20 ft.		
								14 Nearest source of possible contamination: septic tank ft. 150 Direction N Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
								15 Pump Fr. old well Not installed Manufacturer's name Aeromotor Model number NA HP 3 Volts 230 Length of drop pipe 273 ft. capacity 189 g.m.p. 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		
16 Remarks: elevation								17 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. WAGNER DRLG. 253 Business name _____ license No. _____ Address Ulysses, Ks. 67880 Signed <i>[Signature]</i> Date 2-19-75 Authorized representative		
		Topography: <input type="checkbox"/> Hill Level ground. <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5