

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 <u>Grant</u>		Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section number <u>36</u>	Township number <u>T 29 S R 37 E/W</u>	Range number <u>37</u>
2. Distance and direction from nearest town or city: <u>2 1/2 east, 1/2 south of Ulysses, Ks.</u>		3. Owner of well: <u>Clifton Wilburn</u>		R.R. or street: <u>RFD</u>	
Street address of well location if in city: _____		City, state, zip code: <u>Ulysses, Ks. 67880</u>		6. Bore hole dia. <u>9.25</u> in. Completion date <u>10/24/75</u>	
4. Locate with "X" in section below: Sketch map:		Well depth <u>490</u> ft.		7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
5. Type and color of material		From	To	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
Surface		0	2	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
Fine to medium sand		2	40	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Brown clay		40	120	9. Casing: Material <u>Styrene</u> <input checked="" type="checkbox"/> Above or below	
Brown and blue clay		120	225	Threaded <input type="checkbox"/> Welded <u>g1</u> Surface <u>12</u> in.	
Clay and sandy clay		225	260	RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.	
Clay and sandstone 40%		260	280	Dia. <u>5</u> in. to <u>390</u> ft. depth Wall Thickness: inches or	
Clay and sandstone tight		280	300	Dia. _____ in. to _____ ft. depth gage No. <u>320</u>	
Blue shale w/sandstone strips tight		300	400	10. Screen: Manufacturer's name <u>Sunflower</u>	
Blue shale w/sandstone strips tight		400	490	<u>Plastic Co.</u>	
				Type <u>styrene</u> Dia. <u>5 in.</u>	
				Slot/gauze <u>1/16</u> Length <u>100</u>	
				Set between <u>390</u> ft. and <u>490</u> ft.	
				Gravel pack? <u>yes</u> Size range of material <u>No. 1</u>	
				11. Static water level: <u>NA</u> mo./day/yr.	
				<u>210</u> ft. below land surface Date <u>10-26-75</u> mhc	
				12. Pumping level below land surfaces: <u>NA</u>	
				____ ft. after ____ hrs. pumping ____ g.p.m.	
				____ ft. after ____ hrs. pumping ____ g.p.m.	
				Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: <u>NA</u> mo./day/yr.	
				Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <u>NA</u>	
				<input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> <u>NA</u> mhc	
				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: <u>NA</u>	
				ft. _____ Direction <u>pasture</u> Type _____	
				Well disinfected upon completion? <input 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	
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography:	A new home is to be built on this site now that they have found water.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill			<u>Houck Bros Drilling Co. 164</u>		
<input checked="" type="checkbox"/> Slope			Business name <u>Box 487 Ulysses, Ks.</u> License No. _____		
<input type="checkbox"/> Upland			Address _____		
<input type="checkbox"/> Valley			Signed <u>M. Beard</u> Date <u>11-24-75</u>		
			Authorized representative		

75  
mhc  
29  
37  
36  
1/4  
1/4  
1/4

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

Form WWC-5