

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 NE 1/4</b>	Section number <b>26</b>	Township number <b>T 29 S R 38 E/W</b>	Range number <b>38</b>
2. Distance and direction from nearest town or city: <b>4 mi. west, 5 mi. south, 1/2 mile west of</b> Street address of well location if in city: <b>Ulysses, Kansas</b>				3. Owner of well: <b>Jim Hickok</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: N W E S 1 Mile Sketch map: <b>Septic Tk.</b> <b>Trail. Hs.</b> <b>Housewell</b> <b>RORR</b>				6. Bore hole dia. <b>5 1/8</b> in. Completion date <b>6-28-76</b> Well depth <b>330</b> ft.		
5. Type and color of material				7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input checked="" 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		
Surface and fine sand				9. Casing: Material <b>Styr.</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>330</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>0320</b>		
				10. Screen: Manufacturer's name <b>Sunflower Plastic pipe inc.</b> Type _____ Dia. <b>5 1/2</b> Slot/gauze <b>1/16</b> Length <b>330</b> Set between <b>300</b> ft. and <b>330</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8 &amp; 1/8</b>		
Sand				11. Static water level: _____ mo./day/yr. <b>90</b> ft. below land surface Date <b>6-28-76</b>		
Fine sand				12. Pumping level below land surfaces: <b>NA</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Sand				13. Water sample submitted: <b>NA</b> mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____		
Brown clay				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
Brown clay & sand strips				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.		
Fine sand strips & br. clay				16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>SW</b> Type <b>septic tk</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Brown clay				17. Pump: _____ Not installed Manufacturer's name <b>GouId</b> Model number _____ HP <b>3</b> Volts <b>230</b> Length of drop pipe <b>250</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		
Send				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>Wagner Drilling 253A</b> Business name _____ License No. _____ Address <b>Ulysses, Kansas</b> Signed <b>[Signature]</b> Date <b>7-23-76</b> Authorized representative		
18. Elevation:		19. Remarks:		(Use a second sheet if needed)		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5