

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

WATER WELL RECORD  
KSA 826-1201-1215

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>NE 1/4 of SE 1/4</u>	1/4	Section number <u>34</u>	Township number <u>T 29 S</u>	Range number <u>R 38 E/W</u>
2. Distance and direction from nearest town or city: <u>5 mi. W. &amp; 6 1/2 mi. S. of Ulysses, Ke.</u>			3. Owner of well: <u>ETHEL M. EVANS</u> R.R. or street: <u>Rt 3</u> City, state, zip code: <u>ULLYSSES, KS, 67880</u>			
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <p>N</p> <p>1 Mile</p> </div> <div style="text-align: center;"> <p>Sketch map:</p> </div> </div>			6. Bore hole dia. <u>9</u> in. Completion date <u>11/79</u> Well depth <u>440</u> ft.			
5. Type and color of material			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			
			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			
			<input checked="" type="checkbox"/> Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>440</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>262</u>			
			<input checked="" type="checkbox"/> Screen: Manufacturer's name <u>West Street</u> Type _____ Dia. <u>5</u> Slot/gauze <input checked="" type="checkbox"/> Length <u>60</u> Set between <u>440</u> ft. and <u>380</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>#1</u>			
			11. Static water level: _____ mo./day/yr. <u>200</u> ft. below land surface Date <u>11/79</u> 12. Pumping level below land surfaces: <u>380</u> ft. after <u>18</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> 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 checked="" type="checkbox"/> Pitless adapter <u>12"</u> inches above grade <input checked="" type="checkbox"/> Well grouted? <u>40</u> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <u>6</u> ft. to <u>20</u> ft. 16. Nearest source of possible contamination: <u>NA</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Pump: _____ Not installed Manufacturer's name <u>R+W</u> Model number _____ HP <u>5</u> Volts <u>230</u> Length of drop pipe <u>357</u> ft. capacity <u>30</u> 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:			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. <div style="display: flex; justify-content: space-between;"> <div>           Business name <u>James R. Smith Pump Service</u>            Address <u>Johnson Ke 67855</u>            Signed <u>James R. Smith</u> Date <u>12/79</u>            Authorized representative         </div> <div>           License No. <u>160</u>            Date <u>12/79</u> </div> </div>			
19. Remarks: <u>This is a new Home Stead</u>						

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

Form WWC-5

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