

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

HILL CITY N

BBA

35. 1/2 W 8 N 1107
is not 78-23-52

1. Location of well:		County GRAHAM	Fraction NE 1/4 NW 1/4 NW 1/4	Section number 2	Township number T 8 S R 23 E 10	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:		3 miles South 1/2 mile West of Hill City, KS		3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below:		Sketch map: O well		6. Bore hole dia. 9 in. Completion date Well depth 34 ft. 6/27/79		
		All PASTURE		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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material p/ST Height: Above or below Threaded <input type="checkbox"/> Welded 9/16 Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 2.50 lbs./ft. Dia. 5 in. to 34 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 250		
				10. Screen: Manufacturer's name Jess & Lowell Type plastic Dia. 5" Slot/gauze 1/16 Length 10' Set between 34 ft. and 24 ft. ft. and <input type="checkbox"/> ft. Gravel pack? Yes Size range of material 4-5/8		
				11. Static water level: <input type="checkbox"/> mo./day/yr. 25 ft. below land surface Date 6/27/79		
				12. Pumping level below land surfaces: NOT DONE <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: NOT DONE <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: NOT KNOWN ft. <input type="checkbox"/> Direction PASTURE Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
				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. DEL DRILLING CO 303 Business name License No. Address 368 Hill City, KS 67642 Signed Allen J. [Signature] 10/79 Authorized Representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		CONCRETE SLAB TO BE INSTALLED BY CUSTOMER AT GROUND SURFACE.				

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

Form WWC-5