

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: MONTGOMERY | Fraction: N 1/4 NW 1/4 | 1/4 | Section number: 36 | Township number: T 34 S | Range number: R 15 E/W |
| 2. Distance and direction from nearest town or city: 1/2 MILE SOUTH 1 MILE WEST, 1/4 SOUTH OF DEARIE, KANS. | | | 3. Owner of well: GARY HIRE R.R. or street: 2201 SO. WALNUT City, state, zip code: COFFEYVILLE KANSAS. | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. 9 in. Completion date 8/20/78 Well depth 36 ft. | | |
| | | No House | | 7. <input checked="" type="checkbox"/> Cable tool <input 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 | | |
| 5. Type and color of material | | | | 9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>20</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.320</u> | | |
| | | | | 10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gouze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>PEA</u> | | |
| QUICK SAND | | | | 11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>8/20/78</u> | | |
| GRAVEL | | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1 1/2</u> g.p.m. | | |
| LIME | | | | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| BLUE SHALE | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade | | |
| | | | | 15. Well grouted? <u>YES</u> 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>NONE</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" 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: CUSTOMER TO INSTALL CONCRETE SLAB. HE KNOWS THIS IS A STATE REGULATION | | 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. Mass Drilling Co 345 Business name License No. Address Dearie, Kans. Signed Delbert Moore Date 8/20/78 Authorized representative | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

T 34
 R 15
 W E
 Sec 36
 1/4 NW 1/4

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

Form WWC-5