

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>MONTGOMERY</b>	Fraction <b>SW 1/4 SW 1/4</b>	Section number <b>16</b>	Township number <b>T 34 S R 16 E/W</b>	Range number <b>16</b>
2. Distance and direction from nearest town or city: <b>2 MILE NORTH OF COFFEYVILLE KS. ON CLINE RD, 1 MILE WEST, 1/4 NORTH</b>			3. Owner of well: <b>SUK SOUG</b> R.R. or street: <b>2201 WALNUT LOT 21</b> City, state, zip code: <b>COFFEYVILLE KANS. 67337</b>			
4. Locote with "X" in section below:		Sketch map:		6. Bore hole dia. <b>7</b> in. Completion date <b>9-8-78</b> Well depth <b>50</b> ft.		
				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		
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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<b>CLAY</b>		<b>0</b>	<b>10</b>	9. Casing: Material <b>NONE</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>		
<b>SHALE, GRAY</b>		<b>10</b>	<b>45</b>	10. Screen: Manufacturer's name <input type="checkbox"/> Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>		
<b>LIME</b>		<b>45</b>	<b>50</b>	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>NONE</b> , below land surface Date <b>9-8-78</b>		
<b>DRY HOLE</b>				12. Pumping level below land surfaces: <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 <b>NONE</b> g.p.m.		
<b>FILLED HOLE WITH DRILLING MUD TO 6 FT FROM SURFACE.</b>				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/>		
<b>CEMENT FROM 6 FT BELOW SURFACE TO 2 FT BELOW SURFACE. FILLED TO SURFACE WITH DIRT.</b>				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.		
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input 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		
		(Use a second sheet if needed)				
18. Elevation:	19. Remarks:			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>MOORE DRILLING CO 345</b> Business name <b>Box 22</b> License No. <input type="checkbox"/> Address <b>DEARING Ka. 67340</b> Signed <b>Delbert Moore</b> Date <input type="checkbox"/> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 34  
 R 16  
 E/W  
 Sec 16  
 1/4  
 1/4  
 1/4  
 SUSC

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

Form WWC-5