

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 <u>HICKORY</u>		Fraction <u>NW SW 1/4 OF</u> NE 1/4 SW 1/4 SE 1/4 <u>1/4</u>		Section number <u>34-3</u>		Township number <u>T 34-S</u>		Range number <u>R 16-E</u> EW	
2. Distance and direction from nearest town or city: <u>PLANT IS SUR-ROUNDED BY CITY OF COFFEYVILLE.</u> Street address of well location if in city:				3. Owner of well: <u>STERLING WILLIAMS CO.</u> R.R. or street: <u>1103-1140 WEST FOREST ST.</u> City, state, zip code: <u>COFFEYVILLE KS 67337</u>					
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <u>6</u> in. Completion date <u>10/15/80</u> Well depth <u>7</u> 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					
				8. Use: <input 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 checked="" type="checkbox"/> Other					
5. Type and color of material				From		To			
						9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>36</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>7</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1/4</u>			
						10. Screen: Manufacturer's name _____ Type <u>PERFORATED</u> Dia. <u>4"</u> Slot/gauze <u>1/8" HOLES</u> Length <u>4.5'</u> Set between <u>2.5</u> ft. and <u>7</u> ft. _____ ft. and _____ ft. <u>SAND</u> gravel pack? <input checked="" type="checkbox"/> Size range of material <u>MED</u>			
						11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____			
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
						13. Water sample submitted: _____ ma./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>36</u> inches above grade			
						15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>2.5</u> ft.			
						16. Nearest source of possible contamination: ft. <u>100'</u> Direction <u>SE</u> Type <u>VARIES</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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			
18. Elevation: <u>752.5</u>		19. Remarks:		20. Water well contractor's certification:					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		THIS IS A WELL FOR USE IN MONITORING GROUNDWATER. DESIGNATED: #7 WELL (SHALLOW)		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>JEFFREY DRILLING CO.</u> <u>315</u> Business name License No. Address <u>Box 314 CURKIN, KS. 67045</u> Signed <u>Paul B. Goffney</u> Date <u>10-15-80</u> Authorized representative					

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DIVISION OF ENVIRONMENT
OF _____ SEC.

(Use a second sheet if needed)

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

Form WWC-5