

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 of NW 1/4 NE 1/4 1/4 Section number 5 Township number T 35 S Range number R 15 E/W	
2. Distance and direction from nearest town or city: 2 mi east of Tyro Street address of well location if in city:	
3. Owner of well: Ronald L. Kredlik R.R. or street: R.R. No. 1 City, state, zip code: Coffeyville, Kans 67337	
4. Locate with "X" in section below: Sketch map: NO HOUSE	
6. Bore hole dia. 9 in. Completion date 7-12-78 Well depth 175 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 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 or below</u> Threaded <input type="checkbox"/> Welded _____ Surface <u>12</u> in. RMP <u>SW 40</u> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>175</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>D.320</u>	
5. Type and color of material	
	From To
CLAY	0 10
LIME	10 50
SANDY LIME	50 78
BROWN SHALE	78 125
GRAY SHALE	125 153
SAND	153 175
10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>7-12-78</u>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 7-12-78	
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
15. Well grouted? YES 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: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: _____ 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. MOORE DRILLING CO. 345 Business name License No. Address: Box 22 DEARING KS Signed: Dickson Moore Date: 7-12-78 Authorized representative	

T 35
 R 15
 W 5
 Sec 5
 1/4 1/4
 NW NE

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

Form WWC-5