

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>NW 1/4 NE 1/4</b> Section number <b>11</b> Township number <b>T 35 S R 15 E/W</b>																
2. Distance and direction from nearest town or city: <b>4 MILES WEST OF COFFEYVILLE, 1 MILE SOUTH, 1/4 WEST. S. SIDE</b> 3. Owner of well: <b>RALPH HERSBY</b> R.R. or street: <b>701 SPRUCE</b> City, state, zip code: <b>COFFEYVILLE KANS. 67337</b>																
4. Locate with "X" in section below: Sketch map: <b>NO HOUSE</b>																
5. Type and color of material																
<table border="1"> <thead> <tr> <th>Material</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><b>SAND ROCK</b></td> <td><b>0</b></td> <td><b>23</b></td> </tr> <tr> <td><b>GRAY SHALE</b></td> <td><b>23</b></td> <td><b>100</b></td> </tr> <tr> <td><b>SAND</b></td> <td><b>100</b></td> <td><b>135</b></td> </tr> <tr> <td><b>WATER</b></td> <td></td> <td></td> </tr> </tbody> </table>		Material	From	To	<b>SAND ROCK</b>	<b>0</b>	<b>23</b>	<b>GRAY SHALE</b>	<b>23</b>	<b>100</b>	<b>SAND</b>	<b>100</b>	<b>135</b>	<b>WATER</b>		
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<b>WATER</b>																
6. Bore hole dia. <b>9</b> in. Completion date <b>9-26-78</b> Well depth <b>135</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																
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																
9. Casing: Material <b>PLASTIC</b> Height: <input checked="" type="checkbox"/> Above or below <input type="checkbox"/> Threading <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <b>PVC</b> Dia. <b>40</b> Weight <b>40</b> lbs./ft. Dia. <b>6</b> in. to <b>135</b> ft. depth Wall Thickness: inches or Dia. <b>0.320</b> in. to <b>135</b> ft. depth gage No. <b>0.320</b>																
10. Screen: Manufacturer's name <b>PLASTIC PIPE</b> Type <b>40'</b> Dia. <b>40'</b> Slot/gauze <b>95</b> Length <b>135</b> ft. Set between <b>95</b> ft. and <b>135</b> ft. Gravel pack? <input type="checkbox"/> Size range of material _____																
11. Static water level: <b>50</b> ft. below land surface Date <b>9-26-78</b> mo./day/yr.																
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>6</b> g.p.m.																
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> Inches above grade																
15. Well grouted? <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>135</b> ft. ft. to _____ ft.																
16. Nearest source of possible contamination: <b>NONE</b> 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 _____ 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 checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <b>DEERING KANS. 67870</b> Address <b>Delbert Moore</b> Date <b>9-26-78</b> Signed <b>Delbert Moore</b> Authorized representative																

T 35  
 R 15  
 E/W  
 Sec 11  
 NW 1/4  
 NE 1/4

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

Form WWC-5