

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>Clay</b>		Fraction <del>NW 1/4</del> <b>NW 1/4 NE 1/4 NE 1/4</b>		Section number <b>12</b>		Township number <b>T 7 S</b>		Range number <b>S R 3 E/W</b>	
2. Distance and direction from nearest town or city: <b>Green 2 mi N 2 1/2 W south side of Road</b>				3. Owner of well: <b>Bobby Pfizenman</b>					
Street address of well location if in city:				R.R. or street:					
City, state, zip code:				<b>Green Kansas 67447</b>					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>19</b> in. Completion date <b>6-19-76</b>		Well depth <b>158</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		<input checked="" type="checkbox"/> Casing: Material <b>STEEL</b> Height: Above or below		Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in.	
				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>24</b> lbs./ft.		Dia. <b>5 1/2</b> in. to <b>41</b> ft. depth; Wall Thickness: <b>3/16</b> in.		Dia. <b>5 1/2</b> in. to <b>41</b> ft. depth; gage No. <b>272</b> Wall	
5. Type and color of material				From		To		10. Screen: Manufacturer's name <b>M.P.T.</b>	
<b>Top Soil Black</b>				<b>0</b>		<b>1</b>		Type <b>PVC Pumped</b>	
<b>Rock yellow Hard</b>				<b>1</b>		<b>8</b>		Dia. <b>5 1/2</b>	
<b>Sand 11 Sugar Sand</b>				<b>8</b>		<b>40</b>		Slot/gauze <b>.050</b> Length <b>40'</b>	
<b>Clay Red</b>				<b>40</b>		<b>46</b>		Set between <b>710</b> ft. and <b>130</b> ft.	
<b>Shale Blue</b>				<b>46</b>		<b>130</b>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4"</b>	
<b>Rock - Limestone yellow Poured</b>				<b>130</b>		<b>140</b>		11. Static water level: <b>120</b> ft. below land surface Date <b>6-19-76</b>	
<b>Shale Blue</b>				<b>140</b>		<b>158</b>		12. Pumping level below land surfaces:	
								___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <b>15</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: <b>NA</b>	
								___ Pitless adapter ___ Inches above grade	
								15. Well grouted? <input checked="" type="checkbox"/> <b>1-2'</b>	
								With: ___ Neat cement ___ Bentonite <input checked="" type="checkbox"/> Concrete	
								Depth: From <b>15</b> ft. to <b>5</b> ft.	
								16. Nearest source of possible contamination: <b>Laterals</b>	
								ft. <b>50</b> Direction <b>NORTH</b> Type	
								Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ___ 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:	
								___ Submersible ___ Turbine	
								___ Jet ___ Reciprocating	
								___ Centrifugal ___ Other	
(Use a second sheet if needed)									
18. Elevation: <b>1420</b>		19. Remarks:		20. Water well contractor's certification:					
Topography: <input checked="" type="checkbox"/> Hill				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.					
___ Slope				<b>Strader Drilling Co 237 1/4</b>					
___ Upland				Business name <b>Blue Rapids</b> License No.					
___ Valley				Address <b>Harold Strader</b> Date <b>6-19-76</b>					
				Signed <b>Harold Strader</b> Authorized representative					

T 7 S  
 R 3 E/W  
 Sec 12 NW 1/4 NE 1/4

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

Form WWC-5