

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

lot # 3 in Block 12

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

Riverside addition to Clay Center Kans

1. Location of well:		County Clay	Fraction NW 1/4 NE 1/4 SW 1/4	Section number 7	Township number T 8 S R 3 EAW	Range number 3																		
2. Distance and direction from nearest town or city: Street address of well location if in city:			in clay center west part																					
3. Owner of well: R.R. or street: City, state, zip code:			Sheldon Bergstrom Clay Center Kans																					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 12 in. Completion date Well depth 60 ft. 7-29-78																				
		<table border="1"> <tr> <th>Type and color of material</th> <th>From</th> <th>To</th> </tr> <tr> <td>top Soil (Black)</td> <td>0</td> <td>15</td> </tr> <tr> <td>Clay, yellow sticky</td> <td>15</td> <td>28</td> </tr> <tr> <td>Sand, yellow fine sand</td> <td>28</td> <td>40</td> </tr> <tr> <td>Sand & gravel yellow (water)</td> <td>40</td> <td>50</td> </tr> <tr> <td>Shale; Blue</td> <td>50</td> <td>60</td> </tr> </table>		Type and color of material	From	To	top Soil (Black)	0	15	Clay, yellow sticky	15	28	Sand, yellow fine sand	28	40	Sand & gravel yellow (water)	40	50	Shale; Blue	50	60	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 Steel Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 36 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 267 lbs./ft. Dia. 0 in. to 50 ft. depth Wall thickness: 2 3/8 Wall Dia. 40 in. to 60 ft. depth gage No. 267 Wall		
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				10. Screen: Manufacturer's name M.P.I. Type P.V.C. Dia. 5" inside Slot/gage 240 Length 20' Set between 40 ft. and 60' ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8" X 1/4"																				
				11. Static water level: 70 ft. below land surface Date 7-29-78 mo./day/yr.																				
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 30 g.p.m.																				
				13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date																				
				14. Well head completion: NA ____ Pitless adapter ____ Inches above grade <input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> 1-2' With: ____ Neat cement ____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 15 ft. to 4 ft.																				
				16. Nearest source of possible contamination: 130 ft. Direction South Type field Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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: ____ Submersible ____ Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ Other																				
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. Strader Drilling Co. 237 Business name Blue R Affairs Ks License No. ____ Address Haned Strader Date 7-14 Signed Haned Strader Authorized representative																				

T 8 S R 3 EAW
1/4 1/4 1/4 1/4
NW 1/4 SW 1/4

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

Form WWC-5