

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: <u>Cherokee</u> County		Fraction <u>SW 1/4 NW 1/4 NW 1/4</u>		Section number <u>24</u>		Township number T <u>17</u> S		Range number R <u>9</u> E/W	
2. Distance and direction from nearest town or city: <u>5 Miles east Lamine Falls.</u>				3. Owner of well: <u>Starling Sullum Co.</u>					
Street address of well location if in city:				R.R. or street:					
				City, state, zip code: <u>Lamine Falls</u>					
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>10-15-76</u>			
						Well depth <u>100</u> ft.			
						7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other			
						9. Casing: Material <u>Galv</u> Height: Above or below			
						Threaded <u>Galv</u> Surface <u>12</u> in.			
						RMP <u>PVC</u> Weight <u>287.3</u> lbs./ft.			
						Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or			
						Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>210</u>			
5. Type and color of material				From		To		10. Screen: Manufacturer's name <u>Starling Sullum Co.</u>	
								Type <u>Galv</u> Dia. <u>5</u>	
								Slot/gauge <u>5/8</u> Length <u>20</u>	
								Set between <u>80</u> ft. and <u>100</u> ft.	
								Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2-1/4</u>	
								11. Static water level: <u>40</u> ft. below land surface Date <u>10-15-76</u>	
								mo./day/yr. <u>8</u>	
								12. Pumping level below land surface:	
								<u>30</u> ft. after <u>30</u> hrs. pumping <u>Ball pump</u> g.p.m.	
								<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.	
								Estimated maximum yield <u>80</u> g.p.m.	
								13. Water sample submitted: mo./day/yr.	
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
								14. Well head completion:	
								<input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
								15. Well grouted? <input checked="" type="checkbox"/>	
								With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
								Depth: From <u>10</u> ft. to <u>10</u> ft.	
								16. Nearest source of possible contamination: <u>pond</u>	
								ft. <u> </u> Direction <u> </u> Type <u> </u>	
								Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: <input checked="" type="checkbox"/> Not installed	
								Manufacturer's name <u> </u>	
								Model number <u> </u> HP <u> </u> Volts <u> </u>	
								Length of drop pipe <u> </u> ft. capacity <u> </u> 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:		19. Remarks: <u>copy well cement well when through with it</u>				20. Water well contractor's certification:			
Topography:						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
<input checked="" type="checkbox"/> Hill						<u>Starling Sullum Co.</u>			
<input type="checkbox"/> Slope						Business name <u> </u> License No. <u>143</u>			
<input type="checkbox"/> Upland						Address <u> </u>			
<input type="checkbox"/> Valley						Signed <u> </u> Date <u> </u>			
						Authorized representative			

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

Form WWC-5

117-9-24 Submittal