

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 <u>Stafford</u> | Fraction <u>Section 34 NE 1/4 NE 1/4</u> | Section number <u>34</u> | Township number <u>T 21 S</u> | Range number <u>R 12 E</u> |
| 2. Distance and direction from nearest town or city: <u>12 North Stafford 2 east</u> | | 3. Owner of well: <u>DOE Drilling Co.</u> R.R. or street: City, state, zip code: <u>Great Bend Kans.</u> | | | |
| 4. Locate with "X" in section below: N W E S 1 Mile | | Sketch map: | | 6. Bore hole dia. <u>4</u> in. Completion date <u>10-11-76</u> Well depth <u>90</u> ft. | |
| 5. Type and color of material | | From | | To | |
| | | | | | |
| | | <u>Sandy Clay</u> | | <u>0 26</u> | |
| | | <u>Clay</u> | | <u>26 60</u> | |
| | | <u>Gravel</u> | | <u>60 90</u> | |
| | | | | 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>Steel</u> Height: Above or below Threading <u>Thread</u> Surface <u>12</u> in. RMP <u>1</u> PVC <u>1</u> Weight <u>207.3</u> lbs./ft. Dia. <u>4</u> in. to <u>90</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>90</u> ft. depth gage No. <u>Sch 40</u> | |
| | | | | 10. Screen: Manufacturer's name <u>Shop made</u> Type <u>Sand</u> Dia. <u>4</u> Slot/gauge <u>1/16</u> Length <u>30</u> Set between <u>70</u> ft. and <u>90</u> ft. ft. and <u>90</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4"-1/4"</u> | |
| | | | | 11. Static water level: <u>22</u> ft. below land surface Date <u>10-11-76</u> mo./day/yr. | |
| | | | | 12. Pumping level below land surfaces: <u>23</u> ft. after <u>1/2</u> hrs. pumping <u>60</u> g.p.m. ft. after <u>2</u> hrs. pumping <u>100</u> g.p.m. Estimated maximum yield <u>100</u> g.p.m. | |
| | | | | 13. Water sample submitted: <u>Yes</u> <u>No</u> Date <u>10-11-76</u> mo./day/yr. | |
| | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade | |
| | | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>70</u> ft. to <u>90</u> ft. | |
| | | | | 16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <u>Yes</u> <u>No</u> | |
| | | | | 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: | | 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. <u>Myers Water Well Service</u> Business name <u> </u> License No. <u>143</u> Address <u>Great Bend 8</u> Signed <u> </u> Authorized representative Date <u>10-20-76</u> | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | |

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

Form WWC-5