

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

Hall #1

1. Location of well:		County: <i>Stafford</i>	Fraction: <i>NE 1/4 SW 1/4 NW 1/4</i>	Section number: <i>15</i>	Township number: <i>T 21 S R 13 W E/W</i>	Range number: <i>13 W</i>	
2. Distance and direction from nearest town or city: <i>10 South of St Bend on 281</i>			3. Owner of well: <i>Duke Drilling Co</i>				
Street address of well location if in city: <i>St Bend on 281</i>			R.R. or street: <i>Great Bend Kansas</i>				
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <i>5</i> in. Completion date <i>7-6-77</i>	
						Well depth <i>40</i> ft.	
						7. <input 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 _____ Height: <i>Above</i> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <i>2</i> in. to <i>40</i> ft. depth; Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth; gage No. <i>Standard 40</i>	
5. Type and color of material			From	To	10. Screens: Manufacturer's name <i>Self made</i>		
<i>Clay</i>			<i>0</i>	<i>10</i>	Type <i>PVC</i> Dia. <i>2</i>		
<i>Sand</i>			<i>10</i>	<i>30</i>	Slot gauge <i>3/8</i> Length <i>10</i>		
<i>Gravel</i>			<i>30</i>	<i>40</i>	Set between <i>20</i> ft. and <i>40</i> ft. _____ ft. and _____ ft.		
					Gravel pack? <i>yes</i> Size range of material <i>3/4 - 1/2</i>		
					11. Static water level: _____ mo./day/yr. <i>16</i> ft. below land surface Date <i>7-6-77</i>		
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
					15. Well grouted? <i>yes</i> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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: <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.	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						Business name: <i>Myers Water Well</i> Address: <i>St Bend Ks 143</i> License No. _____ Signed: <i>R Myers</i> Date: <i>7-6-77</i> Authorized representative	

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 25
 NE SW NW
 1/4 1/4 1/4

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

Form WWC-5