

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

*Purdysack #1*

1. Location of well: County <u>Stafford</u>		Fraction <u>NE 1/4 NE 1/4 NW 1/4</u>		Section number <u>19</u>		Township number <u>T 21 S</u>		Range number <u>R 13 W</u>	
2. Distance and direction from nearest town or city: <u>10 South 2 1/2 West St Bend</u>				3. Owner of well: <u>Duke Drilling Co</u> R.R. or street: <u>St Bend Kansas</u> City, state, zip code:					
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>7</u> in. Completion date <u>2-9-78</u> Well depth <u>60</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			
5. Type and color of material				From		To		9. Casing: Material <u>Alaska</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>206</u> lbs./ft. Dia. <u>4</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>Standard 40</u>	
								10. Screen: Manufacturer's name <u>Self-made</u> Type <u>pvc</u> Dia. <u>4</u> Slot/gauze <u>5</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. ft. and <u>   </u> ft. Gravel pack? <u>Yes</u> Size range of material <u>5-1/4</u>	
<u>Clay</u>				<u>0</u>		<u>15</u>		11. Static water level: <u>14</u> ft. below land surface Date <u>2-9-78</u> mo./day/yr.	
<u>Sandy Clay</u>				<u>15</u>		<u>25</u>		12. Pumping level below land surfaces: <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>   </u> g.p.m.	
<u>Sand</u>				<u>25</u>		<u>40</u>		13. Water sample submitted: <u>   </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u>	
<u>Gravel</u>				<u>40</u>		<u>60</u>		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>   </u> Inches above grade	
								15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
								16. Nearest source of possible contamination: 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:							
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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</u> Business name <u>St Bend No 143</u> License No. <u>   </u> Address <u>   </u> Signed <u>A Myers</u> Date <u>2-9-78</u> Authorized representative							

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

Form WWC-5