

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 <b>Stafford</b>	Fraction <b>1/4 NW 1/4 NW 1/4</b>	Section number <b>10</b>	Township number <b>T 21 S R 14 E</b>	Range number <b>14 E</b>
2. Distance and direction from nearest town or city: <b>5 N 2 E</b>			3. Owner of well: <b>DUNNE Gardner Petroleum</b>			
Street address of well location if in city: <b>Radianna, KS</b>			R.R. or street: <b>200 W. Douglas</b>			
			City, state, zip code: <b>Wichita, KS</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>6</b> in. Completion date <b>2-7-76</b>		
				Well depth <b>50</b> 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 <b>DRP</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>2</b> in. to <b>50</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>MPI</b>		
<b>Top Soil - Clay</b>		<b>0</b>	<b>16</b>	Type <b>PVC</b> Dia. <b>2"</b>		
<b>SAND</b>		<b>16</b>	<b>25</b>	Slot/gauze <b>1/4"</b> Length <b>20'</b>		
<b>SAND - Gravel</b>		<b>25</b>	<b>50</b>	Set between <b>30</b> ft. and <b>50</b> ft. _____ ft. and _____ ft. Gravel pack? <input type="checkbox"/> Size range of material _____		
				11. Static water level: _____ mo./day/yr. <b>12</b> ft. below land surface Date <b>2-7-76</b>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>60</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> 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 <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: <b>Oil</b> ft. <b>80</b> Direction <b>SE</b> Type <b>TEST</b> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
				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. <b>Kelly's Water Well Ser. 186</b> Business name <b>R 2 Great Benaks</b> License No. _____ Address <b>Kelly Price</b> Signed <b>Kelly Price</b> Date <b>2-10-76</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

21 240 10 C NEW 2000  
T R Sec 1/4 1/4

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

Form WWC-5