

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

Rychie #2

1. Location of well: County <u>Stafford</u> Fraction <u>NW NE SW</u> 1/4 1/4 1/4 Section number <u>14</u> Township number <u>T 21 S</u> Range number <u>R 14 W E/W</u>	
2. Distance and direction from nearest town or city: <u>10 1/2 south 5 1/2 east</u> Street address of well location if in city: <u>St Bend.</u>	
3. Owner of well: <u>L. D. Drilling Co</u> R.R. or street: <u>St Bend</u> City, state, zip code: <u>Ks</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p style="text-align: center;">N</p> </div> </div>	
5. Type and color of material	
	From To
<u>Clay</u>	<u>0 10</u>
<u>sandy clay</u>	<u>10 20</u>
<u>sand</u>	<u>20 55</u>
<u>Gravel</u>	<u>55 75</u>
6. Bore hole dia. <u>8</u> in. Completion date <u>12-21-77</u> Well depth <u>75</u> 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 <u>Plastic</u> Weight: (Above 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>2875</u> lbs./ft. Dia. <u>5</u> in. to <u>75</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>75</u> ft. depth gage No. <u>200</u>	
10. Screen: Manufacturer's name <u>Self made</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>5</u> Length <u>20</u> Set between <u>55</u> ft. and <u>75</u> ft. Gravel pack? <u>Yes</u> size range of material <u>3/4 - 1/2</u>	
11. Static water level: <u>16</u> ft. below land surface Date <u>12-21-77</u> mo./day/yr.	
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? <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. ____ 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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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</u> Business name License No. <u>143</u> Address <u>St Bend Ks</u> Signed <u>A. Myers</u> Date <u>12-21-77</u> Authorized representative	

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

Form WWC-5