

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>Rice</b>	Fraction <b>Center</b> 1/4 1/4 SE 1/4	Section number <b>4</b>	Township number T <b>21</b> S R <b>7</b> <b>EW</b>	Range number
2. Distance and direction from nearest town or city: <b>7 3/4 miles NE of Sterling, KS</b> Street address of well location if in city:			3. Owner of well: <b>C. J. Theede</b> R.R. or street: <b>Route 2</b> City, state, zip code: <b>Sterling, KS 67579</b>			
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>24</u> in. Completion date <u>7-17-79</u> Well depth <u>42</u> ft.			
			7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary			
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
5. Type and color of material			9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. <b>30.3</b> RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>4</u> lbs./ft. Dia. <u>16</u> in. to <u>22</u> ft. depth Wall Thickness: <u>7 ga.</u> inches or Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>   </u>			
			10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>Slot</u> gauze <u>1/8"</u> Length <u>20'</u> Set between <u>22</u> ft. and <u>42</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>			
			11. Static water level: <u>11</u> ft. below land surface Date <u>7-17-79</u> mo./day/yr.			
			12. Pumping level below land surfaces: <u>N/C</u> <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.			
			13. Water sample submitted: <u>   </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u>			
			14. Well head completion: <u>   </u> <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade			
			15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.			
			16. Nearest source of possible contamination: <u>FIELD</u> ft. <u>   </u> Direction <u>   </u> Type <u>   </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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. <b>Clarke Well &amp; Eq., Inc.</b> 185 Business name License No. <u>   </u> Address <u>Rt 1 - Great Bend, KS 67540</u> Signed <u>[Signature]</u> Date <u>7-27-79</u> Authorized representative				

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

Form WWC-5