

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>1/4 SW 1/4 NW 1/4</b>	Section number <b>23</b>	Township number <b>T 21 S R 7</b>	Range number <b>7</b>	<b>EW</b>																				
2. Distance and direction from nearest town or city: <b>7 miles East of Sterling, KS</b> Street address of well location if in city:			3. Owner of well: <b>Howard E. Zwick</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: N W E S 1 Mile			Sketch map:		6. Bore hole dia. <u>24</u> in. Completion date <u>7-14-77</u> Well depth <u>64</u> ft.																					
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">5. Type and color of material</td> <td style="width:10%;">From</td> <td style="width:10%;">To</td> <td style="width:30%;">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</td> </tr> <tr> <td><b>Top soil &amp; brown clay</b></td> <td><b>0</b></td> <td><b>7</b></td> <td>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</td> </tr> <tr> <td><b>Sand &amp; gravel &amp; clay streak at 25' &amp; 27'</b></td> <td><b>7</b></td> <td><b>44</b></td> <td>9. Casing: Material <u>steel</u> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>20</u> ft. depth Wall Thickness: inches or Dia. <u>in.</u> to <u>ft.</u> depth gage No. <u>7 ga.</u></td> </tr> <tr> <td><b>Sand &amp; gravel</b></td> <td><b>44</b></td> <td><b>64</b></td> <td>10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> <input checked="" type="checkbox"/> Slot gauze <u>1/8</u> Length <u>44'</u> Set between <u>20</u> ft. and <u>64</u> ft. ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td>11. Static water level: _____ mo./day/yr. <u>12' 6"</u> ft. below land surface Date <u>7-14-77</u></td> </tr> </table>		5. Type and color of material	From	To	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	<b>Top soil &amp; brown clay</b>	<b>0</b>	<b>7</b>	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	<b>Sand &amp; gravel &amp; clay streak at 25' &amp; 27'</b>	<b>7</b>	<b>44</b>	9. Casing: Material <u>steel</u> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>20</u> ft. depth Wall Thickness: inches or Dia. <u>in.</u> to <u>ft.</u> depth gage No. <u>7 ga.</u>	<b>Sand &amp; gravel</b>	<b>44</b>	<b>64</b>	10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> <input checked="" type="checkbox"/> Slot gauze <u>1/8</u> Length <u>44'</u> Set between <u>20</u> ft. and <u>64</u> ft. ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u>				11. Static water level: _____ mo./day/yr. <u>12' 6"</u> ft. below land surface Date <u>7-14-77</u>	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.	
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			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 _____ 12 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. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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																							
			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. Address <b>Great Bend, KS 67530</b> Signed _____ Date <u>7-21-77</u> Authorized representative																							
18. Elevation:	19. Remarks:																									
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																										

21-75-23-1/4-1/4 Sec

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

Form WWC-5