

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Arbuckle #1

1 Location of well:	County <u>Rice</u>	Township name <u>NENE SW</u>	Fraction	Section number <u>28</u>	Town number <u>21S</u>	Range number <u>7W</u>				
Distance and direction from nearest town or city: <u>6 east 1 south of Sterling Ks.</u>			3 Owner of well: <u>Sterling Drilling CO</u>							
Street address of well location if in city:			Address: <u>Sterling Kansas.</u>							
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>40</u> ft. Date of completion: <u>7-16-75</u> Well diameter <u>5</u> in.						
				5 <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						
				6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <u>oil field sup.</u>						
				7 Casing: Material <u>PVL</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>2</u> in. to <u>40</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>—</u> in. to <u>—</u> ft. depth Weight <u>42</u> lbs./ft. <u>100</u>						
				8 Screen: Manufacturer <u>Jet Stream</u> Type <u>Pre</u> Dia. <u>2</u> <u>10</u> gauze <u>1/8</u> Length <u>10</u> Set between <u>30</u> ft. and <u>40</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4</u> to <u>1/2</u>						
2		Type and color of material		From		To		9 Static water level: <u>10</u> ft. below land surface Date <u>7-16-75</u>		
								10 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.		
								11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
								12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
								13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From ____ ft. to <u>10</u> ft.		
								14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
								15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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		
								16 Remarks: elevation		
								17 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> <u>143</u> Business name _____ License No. _____ Address <u>Great Bend Ks.</u> Signed <u>Robert A. Myers</u> Date <u>7-16-75</u> Authorized representative		
								<p>(use a second sheet if needed)</p>		

31 7W 28 NENE SW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5