

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 <u>Pice</u>	Fraction <u>Center 1/4 NW 1/4 SE 1/4</u>	Section number <u>28</u>	Township number T <u>21</u> S	Range number R <u>7</u> E/W															
2. Distance and direction from nearest town or city: <u>2 miles North Dickson</u> Street address of well location if in city:			3. Owner of well <u>Stirling Liding Co.</u> R.R. or street: City, state, zip code: <u>Stirling Kansas</u>																	
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>4</u> in. Completion date _____ Well depth <u>70</u> ft. <u>7-20-76</u>																
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">5. Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> <tr> <td><u>Top soil</u></td> <td><u>0</u></td> <td><u>10</u></td> </tr> <tr> <td><u>Sand</u></td> <td><u>10</u></td> <td><u>30</u></td> </tr> <tr> <td><u>Clay</u></td> <td><u>30</u></td> <td><u>50</u></td> </tr> <tr> <td><u>Gravel</u></td> <td><u>50</u></td> <td><u>70</u></td> </tr> </table>		5. Type and color of material	From	To	<u>Top soil</u>	<u>0</u>	<u>10</u>	<u>Sand</u>	<u>10</u>	<u>30</u>	<u>Clay</u>	<u>30</u>	<u>50</u>	<u>Gravel</u>	<u>50</u>	<u>70</u>	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	
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<u>Gravel</u>	<u>50</u>	<u>70</u>																		
		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>Galv</u> Height: 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>2873</u> lbs./ft. Dia. <u>4</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>265</u>																		
		10. Screen: Manufacturer's name <u>Slip Made</u> Type <u>Slot</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>70</u> Set between <u>850</u> ft. and <u>70</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4 to 1/4</u>																		
		11. Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date <u>7-20-76</u>																		
		12. Pumping level below land surfaces: <u>18</u> ft. after <u>1</u> hrs. pumping <u>100</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>200</u> g.p.m.																		
		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																		
		14. Well head completion: Pitless adapter <u>12</u> 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 <u>0</u> ft. to <u>10</u> ft.																		
		16. Nearest source of possible contamination: <u>None</u> 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:	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>Miss Walter Well Service</u> Business name _____ License No. _____ Address <u>Great Bend 743</u> Signed <u>[Signature]</u> Date _____ Authorized representative																	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																				

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

Form WWC-5