

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

Humphrey A-1

1. Location of well: County <i>Rice</i>		Fraction <i>NE 1/4 NE 1/4 SW 1/4</i>	Section number <i>3</i>	Township number <i>T 21 S</i>	Range number <i>S R 8 W</i>
2. Distance and direction from nearest town or city: <i>2 north 1 1/2 east south side Sterling</i>		3. Owner of well: <i>Sterling Drilling Co</i> R.R. or street: <i>Sterling Kansas</i> City, state, zip code:			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <i>8</i> in. Completion date <i>8-22-76</i> Well depth <i>80</i> 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 <i>Plastic</i> Height <i>Above</i> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <i>5</i> in. to <i>80</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>300</i>
					10. Screen: Manufacturer's name _____ Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <i>5/60</i> Length <i>80</i> Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <i>yes</i> Size range of material <i>1/4 + 1/2</i>
					11. Static water level: _____ mo./day/yr. <i>28</i> ft. below land surface Date <i>8-22-76</i>
					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. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
					15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> 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:	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. <i>Myers Water Well 143</i> Business name _____ License No. _____ Address <i>East Bend Mo</i> Signed <i>Alfred A Myers</i> Date <i>8-22-76</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

21-8-0
R
3 CNE
1/4 1/4 1/4 1/4
SW

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

Form WWC-5