

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

<input checked="" type="checkbox"/> Location of well:	County <u>Rice</u>	Fraction <u>SE 1/4</u> 1/4 1/4 1/4	Section number <u>3</u>	Township number <u>T 21 S R 8</u>	Range number <u>8</u>	E/W
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: <u>1/2 S of Lyons 1 E</u> Street address of well location if in city:			3. Owner of well: <u>Jim Humphrey</u> R.R. or street: City, state, zip code: <u>Sterling, Ks</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>2 3/4</u> in. Completion date <u>6-14-76</u> Well depth <u>87</u> 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 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		
				9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>8</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>8 1/2</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>Dacors</u> Type <u>steel</u> Dia. <u>1 1/2</u> Slot/gauge <u>3/16</u> Length <u>40</u> Set between <u>40</u> ft. and <u>87</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>	
<u>Top soil</u>			<u>0</u>	<u>3</u>	11. Static water level: _____ mo./day/yr. <u>9</u> ft. below land surface Date <u>4-7-76</u>	
<u>Clay</u>			<u>3</u>	<u>10</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping <u>NA</u> g.p.m. Estimated maximum yield _____ g.p.m.	
<u>Clean sand Gravel</u>			<u>10</u>	<u>87</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>4-16-76</u>	
<u>Clay</u>			<u>87</u>		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: ft. <u>1/4</u> Direction <u>E</u> Type <u>correl</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: _____ Not installed Manufacturer's name <u>WLR</u> Model number <u>5-CHC-12</u> HP <u>10</u> Volts _____ Length of drop pipe <u>50</u> ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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>Rosenkrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Blvd Ks</u> Signed <u>Fredia Anderson</u> Date <u>9/30</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 21 S R 8 E  
 1/4 1/4 1/4  
 SE  
 3  
 Sec

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

Form WWC-5