

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

Alton # A-1

1. Location of well: County <u>Rice</u>		Fraction <u>1 C 1/4 NE 1/4 SW 1/4</u>		Section number <u>5</u>		Township number <u>T 21 S</u>		Range number <u>S R 9 W</u>		E/W					
2. Distance and direction from nearest town or city: <u>1980 North 1980 East</u>				3. Owner of well: <u>Stirling Delg.</u>				R. Road street: <u>Box 129</u>				City, state, zip code: <u>Stirling Ks. 67579</u>			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile				Sketch map: 				6. Bore hole dia. <u>9</u> in. Completion date <u>9-25-78</u> Well depth <u>45</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 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 <input type="checkbox"/> 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"/> Weigh <u>287.3</u> lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall thickness: <u>inches</u> or Dia. <u>in.</u> to <u>ft.</u> depth gage No. <u>200-265</u>				10. Screen: Manufacturer's name <u>Perless Mfg</u> Type <u>Saw</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>45</u> ft. and <u>25</u> ft. <u>ft.</u> and <u>ft.</u> Gravel pack <u>yes</u> Size range of material <u>1/4-1/2</u>							
5. Type and color of material				From		To		11. Static water level: <u>8</u> ft. below land surface Date <u>9-25-78</u> mo./day/yr.				12. Pumping level below land surfaces: <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>g.p.m.</u>			
Fine Sand				0		10		13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> Date <u>9-25-78</u> mo./day/yr.				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade			
Clay				10		15		15. Well grouted? <u>yes</u> 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: ft. <u>None</u> Direction <u>None</u> Well disinfected upon completion? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>			
Gravel				15		45		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				18. Elevation:			
(Use a second sheet if needed)				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>Myers Water Well 143</u> Business name <u>GREAT BAND Ks</u> License No. _____ Address <u>Deland Rosendale</u> Signed <u>Deland Rosendale</u> Date <u>9-25-78</u> Authorized representative				Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			

81-80-29 CNE SW
 1/4 1/4 1/4 1/4

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

Form WWC-5