

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>Rice</u>		Fraction <u>1300' N.</u> 1/4 1/4 <u>CNW</u> 1/4	Section number <u>26</u>	Township number T <u>21</u> S	Range number R <u>8</u>												
2. Distance and direction from nearest town or city: <u>1 1/2 E.</u> Street address of well location if in city: <u>Sterling, KS.</u>			3. Owner of well: <u>DON KNIGHT</u> R.R. or street: City, state, zip code: <u>LYONS, KS.</u>														
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>30</u> in. Completion date <u>2-13-76</u> Well depth <u>60</u> ft.														
			7. <input type="checkbox"/> Cable tool <input 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 checked="" 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														
5. Type and color of material			9. Casing: Material <u>IRON</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>3/6"</u>														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>Top Soil - Clay</u></td> <td><u>0</u></td> <td><u>6</u></td> </tr> <tr> <td><u>Sand - Gravel</u></td> <td><u>6</u></td> <td><u>59</u></td> </tr> <tr> <td><u>Clay</u></td> <td><u>59</u></td> <td><u>60</u></td> </tr> </tbody> </table>				From	To	<u>Top Soil - Clay</u>	<u>0</u>	<u>6</u>	<u>Sand - Gravel</u>	<u>6</u>	<u>59</u>	<u>Clay</u>	<u>59</u>	<u>60</u>	10. Screen: Manufacturer's name <u>Doerr</u> Type <u>IRON</u> Dia. <u>16"</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-3/4"</u>		
				From	To												
<u>Top Soil - Clay</u>	<u>0</u>	<u>6</u>															
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			11. Static water level: _____ mo./day/yr. <u>8</u> ft. below land surface Date <u>2-13-76</u>														
			12. Pumping level below land surfaces: <u>37</u> ft. after <u>4</u> hrs. pumping <u>1300</u> g.p.m. 1000 ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1500</u> g.p.m.														
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>11-12-75</u>														
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade														
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>12</u> ft.														
			16. Nearest source of possible contamination: <u>Field</u> ^{MC} ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
			17. Pump: _____ Not installed Manufacturer's name <u>Goulds</u> Model number <u>412 JB</u> HP <u>60</u> Volts <u>460</u> Length of drop pipe <u>50</u> ft. capacity <u>900</u> 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>Kelly's Water Well Ser 186</u> Business name _____ License No. _____ Address <u>R2 Great Bend, KS</u> Signed <u>Kelly Price</u> Date <u>3-10-76</u> Authorized representative													
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley																	

R-1-8-20-1/4-1/4-1/4-1/4

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

Form WWC-5