

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

Reed A #1

1. Location of well: County <u>Rice</u>		Fraction <u>NE</u> 1/4 1/4 1/4		Section number <u>11</u>		Township number <u>21S</u>		Range number <u>9W</u>										
2. Distance and direction from nearest town or city: <u>1 1/2 east south side Alder</u> Street address of well location if in city:				3. Owner of well: <u>Stirling Drilling Co</u> R.R. or street: <u>Stirling Kansas.</u> City, state, zip code:														
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date <u>1-30-78</u> Well depth <u>40</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												
5. Type and color of material				From		To		9. Casing: Material <u>Plastic</u> Weight: <u>Above or below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>72</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>686</u> lbs./ft. Dia. <u>2</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <u>2</u> in. to <u>40</u> ft. depth gage No. <u>200</u>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><u>Clay</u></td> <td style="width:25%; text-align: center;"><u>0</u></td> <td style="width:25%; text-align: center;"><u>10</u></td> </tr> <tr> <td style="text-align: center;"><u>Sand</u></td> <td style="text-align: center;"><u>10</u></td> <td style="text-align: center;"><u>30</u></td> </tr> <tr> <td style="text-align: center;"><u>Gravel</u></td> <td style="text-align: center;"><u>30</u></td> <td style="text-align: center;"><u>40</u></td> </tr> </table>				<u>Clay</u>	<u>0</u>	<u>10</u>	<u>Sand</u>	<u>10</u>	<u>30</u>	<u>Gravel</u>	<u>30</u>	<u>40</u>					10. Screen: Manufacturer's name <u>Self made</u> Type <u>PVC</u> Dia. <u>2</u> Slot gauge <u>5</u> Length <u>10</u> Set between <u>30</u> ft. and <u>40</u> ft. ft. and ft. Gravel pack? <u>yes</u> size range of material <u>5-1/4</u>	
				<u>Clay</u>	<u>0</u>	<u>10</u>												
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<u>Gravel</u>	<u>30</u>	<u>40</u>																
11. Static water level: <u>17</u> ft. below land surface Date <u>1-30-78</u> mo./day/yr.																		
								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? <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. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ 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>Myers water well</u> Business name <u>Myers water well</u> license No. <u>1473</u> Address <u>113 Bend Rd</u> Signed <u>A Myers</u> Date <u>1-30-78</u> Authorized representative														
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																		

21-90-11 CNE
1/4 1/4 R/W

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

Form WWC-5