

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

RICHARDSON #1 A

1. Location of well: County STAFFORD		Fraction SE NE NE SE NE 1/4 NE 1/4 SE 1/4		Section number 20	Township number T 22 S R 11 E (M)	Range number	
2. Distance and direction from nearest town or city: 6 mi EAST			3. Owner of well: ASPEN DRILLING CO				
Street address of well location if in city: 1 1/2 mi N. OF HUDSON			R.R. or street: City, state, zip code: GREAT BEND KANSAS				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 2 in. Completion date _____ Well depth 75 ft. 1-19-76			
				7. <input checked="" 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 PLASTIC Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight 183 lbs./ft. Dia. 4 in. to 25 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200			
				10. Screen: Manufacturer's name PEERLESS PLASTIC Type PVC Dia. 4 Slot/gauze 1/2 Length 20 Set between 55 ft. and 75 ft. _____ ft. and _____ ft. Gravel pack? YES Size range of material 1/4-1/2			
				11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date 1-19-76			
				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? YES With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 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. MVERS WATER WELL 143 Business name _____ License No. _____ Address GREAT BEND KS. Signed George Chack Date 1-19-76 Authorized representative				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

22 110 20 NE SE NE
T R Sec 1/4 1/4 1/4

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

Form WWC-5