

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>Linn</u>	Section <u>SD 1/4 SE 1/4 NW 1/4</u>	Section number <u>20</u>	Township number <u>T. 23 S</u>	Range number <u>R. 15 W</u>
2. Distance and direction from nearest town or city: <u>4 miles South Moberly 1/2 West</u>				3. Owner of well: <u>Stirling Trucking Co.</u>		
Street address of well location if in city:				R.R. or street:		
City, state, zip code: <u>Stirling, Kansas</u>						
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>10-20-77</u>		
				Well depth <u>75</u> ft.		
				7. 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 checked="" 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 <u>Blue</u> 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"/> Weight <u>287.3</u> lbs./ft. Dia. <u>5</u> in. to <u>75</u> ft. depth Wall Thickness: inches <u>0</u> Dia. <u>5</u> in. to <u>75</u> ft. depth gage No. <u>265</u>		
5. Type and color of material		From		To		10. Screen Manufacturer's name <u>Stirling</u>
<u>Clay</u>		<u>0</u>		<u>20</u>		Type <u>Sand</u> Dia. <u>3</u>
<u>Fine Sand-Clay</u>		<u>20</u>		<u>40</u>		Slot/gauze <u>1/8" S&amp;S</u> Length <u>20</u>
<u>Clay</u>		<u>40</u>		<u>50</u>		Set between <u>55</u> ft. and <u>75</u> ft.
<u>Gravel</u>		<u>50</u>		<u>75</u>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>5 to 1/4"</u>
						11. Static water level: <u>28</u> ft. below land surface Date <u>10-20-77</u>
						ma./day/yr.
						12. Pumping level below land surfaces:
						<u>28</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m.
						<u>0</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m.
						Estimated maximum yield <u>0</u> g.p.m.
						13. Water sample submitted: <u>0</u> mo./day/yr.
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>10-20-77</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 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: <u>None</u>
						ft. <u>0</u> Direction <u>0</u> Type <u>0</u>
						Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input checked="" type="checkbox"/> Not installed
						Manufacturer's name <u>0</u>
						Model number <u>0</u> HP <u>0</u> Volts <u>0</u>
						Length of drop pipe <u>0</u> ft. capacity <u>0</u> 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:		19. Remarks:		20. Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report		
<input type="checkbox"/> Hill				is true to the best of my knowledge and belief.		
<input checked="" type="checkbox"/> Slope				<u>Myers Water Well Co.</u>		
<input type="checkbox"/> Upland				Business name <u>0</u> License No. <u>123</u>		
<input type="checkbox"/> Valley				Address <u>0</u>		
				Signed <u>0</u> Date <u>10-20-77</u>		
				Authorized representative		

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

Form WWC-5