

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

English #1

County: <u>Lawrence</u>		Fraction: <u>SW 1/4 SW 1/4 SW 1/4</u>		Section number: <u>25</u>	Township number: <u>23 S</u>	Range number: <u>15 W</u>															
1. Location of well:				2. Distance and direction from nearest town or city: <u>2 mi north</u>																	
Street address of well location if in city: <u>Marville</u>				3. Owner of well: <u>Stirling Drilling Co</u>																	
4. Locate with "X" in section below:				5. Type and color of material																	
<div>Sketch map: <p>1 Mile</p></div>				<table border="1"><thead><tr><th></th><th>From</th><th>To</th></tr></thead><tbody><tr><td>Clay</td><td>0</td><td>10</td></tr><tr><td>Sandy clay</td><td>10</td><td>20</td></tr><tr><td>Sand</td><td>20</td><td>40</td></tr><tr><td>Gravel</td><td>40</td><td>60</td></tr></tbody></table>				From	To	Clay	0	10	Sandy clay	10	20	Sand	20	40	Gravel	40	60
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6. Bore hole dia. <u>8</u> in. Completion date <u>12-14-26</u>				7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug																	
Well depth <u>60</u> ft.				<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				9. Casing: <u>Plastic</u> Height <u>Above</u> or below																	
<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.																	
<input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>287.3</u> lbs./ft.																	
Dia. <u>5</u> in. to <u>60</u> ft. depth				Wall Thickness: inches or																	
Dia. <u>5</u> in. to <u>60</u> ft. depth				gauge No. <u>200</u>																	
10. Screen: Manufacturer's name <u>Self-made</u>				Type <u>PVC</u> Dia. <u>5</u>																	
Slot/gauze <u>5</u> Length <u>20</u>				Set between <u>40</u> ft. and <u>60</u> ft.																	
Gravel pack? <u>yes</u> Size range of material <u>5-1/4</u>				11. Static water level: <u>19</u> ft. below land surface Date <u>12-14-26</u>																	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																	
14. Well head completion: _____ Pitless adapter _____ Inches above grade				15. Well grouted? <u>yes</u>																	
With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete				Depth: From <u>0</u> ft. to <u>10</u> ft.																	
16. Nearest source of possible contamination: <u>None</u>				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: _____ Submersible _____ Turbine																	
_____ Jet _____ Reciprocating				_____ Centrifugal _____ Other																	
18. Elevation:				19. Remarks:																	
Topography: _____ Hill				20. Water well contractor's certification:																	
<input checked="" type="checkbox"/> Slope				This well was drilled under my jurisdiction and this report																	
_____ Upland				is true to the best of my knowledge and belief.																	
_____ Valley				<u>Myers Water Well</u> <u>143</u>																	
				Business name _____ License No. _____																	
				Address <u>Chest Bend Ks</u>																	
				Signed <u>R. Myers</u> Date <u>12-14</u>																	
				Authorized representative _____																	

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

Form WWC-5

MI-1023