

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 <b>Stafford</b>	Fraction 1/4 1/4 <b>CSE</b> 1/4	Section number <b>3</b>	Township number T <b>24</b> S R	Range number <b>14</b> <span style="float:right;">EW</span>
2. Distance and direction from nearest town or city: <b>4 1/2 miles Southwest of St. John, KS</b> Street address of well location if in city:			3. Owner of well: <b>Meryle Heyen</b> R.R. or street: <b>Box 115</b> City, state, zip code: <b>St. John, KS 67576</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>24</u> in. Completion date <u>9-1-76</u> Well depth <u>140</u> ft.	
N 1 Mile W E S 1 Mile				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	
5. Type and color of material		From	To	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	
<b>top soil</b>		0	6	9. Casing: Material <u>steel</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 <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>120</u> ft. depth gage No. <u>7 ga.</u>	
<b>brown &amp; white clay &amp; limestone streak</b>		6	31	10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot gauze <u>1/8"</u> Length <u>48'</u> Set between <u>40</u> ft. and <u>68</u> ft. <u>120</u> ft. and <u>140</u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u>	
<b>sand &amp; gravel</b>		31	67	11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>8-24-76</u>	
<b>soft brown &amp; white clay &amp; limestone streak</b>		67	124	12. Pumping level below land surfaces: <u>N/C</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
<b>sand &amp; gravel &amp; thin clay streak x 124-128</b>		124	140	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				17. Pump: _____ Not installed Manufacturer's name <u>FMC Corp/Peerless</u> Model number <u>12LB-3</u> HP <u>80</u> Volts <u>---</u> Length of drop pipe <u>80</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	
				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. <b>Clarke Well &amp; Equ. Inc. 185</b> Business name License No. Address <b>Great Bend, KS 67530</b> Signed <u>[Signature]</u> Date <u>9-9-76</u> Authorized representative	
18. Elevation:		19. Remarks:  (Use a second sheet if needed)			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 24  
 R 14  
 Sec 3  
 CSE  
 1/4 1/4 1/4

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

Form WWC-5