

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

neiding #3

1. Location of well:	County <i>Edwards</i>	Fraction <i>C 5 1/4 SE SE</i> <small>1/4 1/4 1/4</small>	Section number <i>1</i>	Township number <i>T 24 S</i> <small>S R</small>	Range number <i>16 W</i> <small>E/W</small>
2. Distance and direction from nearest town or city: <i>3 1/2 miles south of Bellevue</i>			3. Owner of well: <i>Sterling Drilling</i>		
Street address of well location if in city: <i>Bellevue</i>			R.R. or street: <i>Sterling</i>		
City, state, zip code: <i>Kansas</i>					
4. Locate with "X" in section below:		Sketch map:			
N					
W E					
S					
5. Type and color of material		From	To	6. Bore hole dia. <i>8</i> in. Completion date <i>6-15-77</i> Well depth <i>75</i> ft.	
<i>Clay</i>		<i>0</i>	<i>5</i>	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	
<i>Sandy Clay</i>		<i>5</i>	<i>25</i>	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	
<i>Sand</i>		<i>25</i>	<i>55</i>	9. Casing: <i>Plastic</i> Height: <i>Above</i> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>287.3</i> lbs./ft. Dia. <i>5</i> in. to <i>25</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <i>2001265</i>	
<i>Gravel</i>		<i>55</i>	<i>75</i>	10. Screens: Manufacturer's name <i>self made</i> Type <i>Pre</i> Dia. <i>5</i> Gauge <i>8</i> Length <i>20</i> Set between <i>55</i> ft. and <i>75</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <i>Yes</i> Size range of material <i>1/8-1/4</i>	
				11. Static water level: <input type="checkbox"/> mo./day/yr. <i>18</i> ft. below land surface Date <i>6-15-77</i>	
				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 <i>12</i> inches above grade	
				15. Well grouted? <i>Yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
				16. Nearest source of possible contamination: <i>Pool</i> ft. ____ Direction ____ Type ____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				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. <i>Myers Water Well</i> Business name <i>1111 Bend Ks</i> License No. ____ Address <i>1111 Bend Ks</i> Signed <i>A Myers</i> Date <i>6-15-77</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 24 S R 16 W
 Sec 1
 C 5 1/4 SE SE

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

Form WWC-5