

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

*mad #2*

1. Location of well: County <u>Edwards</u> Fraction <u>C 1/4 SE 1/4 NE 1/4</u> Section number <u>6</u> Township number <u>T 24 S</u> Range number <u>R 16 W E/W</u>	
2. Distance and direction from nearest town or city: <u>2 north</u> Street address of well location if in city: <u>1/2 West 1/2 South Belpre</u>	
3. Owner of well: <u>Sterling Drilling Co</u> R.R. or street: <u>Sterling Kansas</u> City, state, zip code:	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>N</p> <p>W E</p> <p>S</p> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
<u>Clay</u>	<u>0 10</u>
<u>Sandy clay</u>	<u>10 30</u>
<u>sand</u>	<u>30 40</u>
<u>Gravel</u>	<u>40 60</u>
(Use a second sheet if needed)	
6. Bore hole dia. <u>8</u> in. Completion date <u>4-13-76</u> Well depth <u>60</u> ft.	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
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	
9. Casing: Material <u>Plastic</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 checked="" type="checkbox"/> Weight <u>224 100</u> Dia. <u>5</u> in. to <u>5</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>5</u> ft. depth gage No. <u>200</u>	
10. Screen: Manufacturer's name <u>Leysless Plastic</u> Type <u>PK C</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>5-1/2</u>	
11. Static water level: <u>20</u> ft. below land surface Date <u>4-13-76</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. Estimated maximum yield <u>    </u> g.p.m.	
13. Water sample submitted: <u>    </u> mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>    </u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>    </u> inches above grade	
15. Well grouted? <u>yes</u> 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: ft. <u>    </u> Direction <u>    </u> Type <u>    </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>    </u> Model number <u>    </u> HP <u>    </u> Volts <u>    </u> Length of drop pipe <u>    </u> ft. capacity <u>    </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:
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>Myers Water Well</u> Business name <u>Great Bend, KS</u> License No. <u>    </u> Address <u>    </u> Signed <u>    </u> Date <u>4-13-76</u> Authorized representative

T 24  
 R 16  
 Sec 6  
 CSE 9 NE  
 1/4 1/4

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

Form WWC-5