

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

2416W16CSESW
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Rudd Estate #2

245

1 Location of well:		County: Edwards	Township name:	Fraction: C-SE-SW	Section number: 16	Town number: 245	Range number: 16W
Distance and direction from nearest town or city: 1/2 mile east of Belvue Ks				3 Owner of well: Sterling Drilling Co Address: Sterling Rd Rudd Estate #2			
Locate with "X" in section below:		Sketch map:		4 Well depth: 70 ft. Date of completion: 4-9-75 Well diameter: 7 3/8 in.			
				5 <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			
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> Oil Field Prod Supply			
				7 Casing: Material: Plastic above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 1 1/2 in. Diam. 4 1/8 in. to 70 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight 127 lbs./ft 100			
2		Type and color of material		From	To	8 Screen: Manufacturer: Jess + Lowell Type: 10 RPM Dia. 4 Slot/gauze: 1/8 Length: 15 Set between 5.5 ft. and 70 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: 3-4	
		Clay		0	15	9 Static water level: 16 ft. below land surface Date 4-9-72	
		Fine sand		15	45	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 100 g.p.m.	
		Gravel		45	70	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <input type="checkbox"/> Pitless adapter 12 1/2 inches above grade	
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.	
						14 Nearest source of possible contamination: ft. 100 Direction East Type salt water Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
16 Remarks: elevation						17 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. 143 Myers water well ser Business name _____ License No. _____ Address: West Bend Ks Signed: Alfred Amigo Date: 4-9-75 Authorized representative	

24 16W 16 CSE SW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5