

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

<input checked="" type="checkbox"/> Location of well:	County: <u>Edwards</u>	Fraction: <u>NE 1/4 SE 1/4 SE 1/4</u>	Section number: <u>27</u>	Township number: <u>T 24</u>	Range number: <u>S R 16 E/W</u>
Distance and direction from nearest town or city: <del>1/2 mile S of Belpre</del> Street address of well location if in city: <u>SE - 1 1/2 S. Belpre</u>			3. Owner of well: <u>Stirling Challenge</u> R.R. or street: City, state, zip code: <u>Stirling, Kans.</u>		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>4</u> in. Completion date <u>7-15-76</u> Well depth <u>75</u> ft.
Slope Sandy Clay gravel					7. <input checked="" 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>Galv</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>17</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.87</u> lbs./ft. Dia. <u>5</u> in. to <u>25</u> ft. depth Wall Thickness: inches or Dia. <u>  </u> in. to <u>  </u> ft. depth Gauge No. <u>1265</u>
					10. Screen: Manufacturer's name <u>Sand Made</u> Type <u>SPK</u> Dia. <u>5</u> Slot/gauze <u>855</u> Length <u>20</u> Set between <u>855</u> ft. and <u>75</u> ft. <u>  </u> ft. and <u>  </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 to 1/4</u>
					11. Static water level: <u>18</u> ft. below land surface Date <u>7-15-76</u> mo./day/yr.
					12. Pumping level below land surfaces: <u>22</u> ft. after <u>1</u> hrs. pumping <u>100</u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>250</u> g.p.m.
					13. Water sample submitted: <u>  </u> mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date <u>  </u>
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
					<input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>30</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
(Use a second sheet if needed)					
18. Elevation:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>Myus Water Well Service</u> Business name <u>  </u> License No. <u>  </u> Address <u>  </u> Signed <u>  </u> Date <u>  </u> Authorized representative		

T 24  
R 16  
E/W  
S 27  
NE SE SE  
1/4 1/4 1/4

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

Form WWC-5