

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

Zuecker #1

1. Location of well: County <i>Edwards</i> Fraction <i>SE 1/4 SE 1/4 NE 1/4</i> Section number <i>28</i> Township number <i>T 24 S</i> Range number <i>R 16 W</i> E/W											
2. Distance and direction from nearest town or city: <i>East 1 1/2 South Pelfree</i>											
3. Owner of well: <i>Stirling Drilling Co</i> R.R. or street: <i>Stirling Kansas</i> 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>1 Mile</p> </div> </div>											
5. Type and color of material											
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>0</i></td> <td style="text-align: center;"><i>10</i></td> </tr> <tr> <td style="text-align: center;"><i>10</i></td> <td style="text-align: center;"><i>25</i></td> </tr> <tr> <td style="text-align: center;"><i>25</i></td> <td style="text-align: center;"><i>55</i></td> </tr> <tr> <td style="text-align: center;"><i>53</i></td> <td style="text-align: center;"><i>75</i></td> </tr> </tbody> </table>	From	To	<i>0</i>	<i>10</i>	<i>10</i>	<i>25</i>	<i>25</i>	<i>55</i>	<i>53</i>	<i>75</i>
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<i>10</i>	<i>25</i>										
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<i>53</i>	<i>75</i>										
6. Bore hole dia. <i>8</i> in. Completion date <i>7-29-77</i> Well depth <i>75</i> 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 <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>75</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <i>200</i>											
10. Screen: Manufacturer's name <i>Self made</i> Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <i>3/8</i> Length <i>20</i> Set between <i>55</i> ft. and <i>75</i> ft. Gravel pack? <i>yes</i> Size range of material <i>1/4 - 1/2</i>											
11. Static water level: <i>18</i> ft. below land surface Date <i>7-29-77</i> mo./day/yr.											
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 checked="" type="checkbox"/> No <input type="checkbox"/> Date ____											
14. Well head completion: <input type="checkbox"/> Pitless adapter ____ 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: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No											
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:										
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. <i>Myers water well</i> Business name <i>Myers water well</i> License No. <i>143</i> Address <i>143 Bend Ko</i> Signed <i>R Myers</i> Date <i>7-28-77</i> Authorized representative										

T 24 S
 R 16 W
 Sec 28
 1/4 1/4 1/4

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

Form WWC-5