

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

Barton #2

1. Location of well: County <i>Edwards</i> Fraction <i>SE 1/4 SE 1/4 SE 1/4</i> Section number <i>15</i> Township number <i>T 24 S</i> Range number <i>S 17 W</i> E/W	
2. Distance and direction from nearest town or city: <i>4 west</i> Street address of well location if in city: <i>Belfrie</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: 10px;"> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
Clay <i>Clay</i>	<i>0 10</i>
<i>Sandy clay</i>	<i>10 20</i>
<i>Sand</i>	<i>20 40</i>
<i>Gravel</i>	<i>40 60</i>
6. Bore hole dia. <i>5</i> in. Completion date <i>8-29-77</i> Well depth <i>60</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: <i>Plastic</i> Height: (Above or below) <i>12</i> in. 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>60</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>	
10. Screen: Manufacturer's name <i>Self made</i> Type <i>pvc</i> Dia. <i>6</i> Slot gauge <i>3/8</i> Length <i>20</i> Set between <i>40</i> ft. and <i>60</i> ft. Gravel pack? <i>yes</i> Size range of material <i>3/8-1/2</i>	
11. Static water level: <i>16</i> ft. below land surface Date <i>8-29-77</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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 checked="" 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>M. J. Myers</i> Business name <i>M. J. Myers</i> License No. <i>143</i> Address <i>143</i> Signed <i>M. J. Myers</i> Date <i>8-29-77</i> Authorized representative

24 12 W 15 SE SE SE
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5