

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

Johnson #1

1. Location of well: County <i>Edwards</i> Section <i>SE 1/4 SE 1/4 NW 17</i> Township number <i>T 25 S</i> Range number <i>R 16 W</i> E/W	
2. Distance and direction from nearest town or city: <i>4 south</i> Street address of well location if in city: <i>West Belfrie</i>	
3. Owner of well: <i>Sterling Drilling Co</i> R.R. or street: <i>Sterling Kansas</i> City, state, zip code:	
4. Locate with "X" in section below: Sketch map	
5. Type and color of material	
	From To
<i>Clay</i>	<i>0 10</i>
<i>Sandy clay</i>	<i>10 20</i>
<i>Sand</i>	<i>20 30</i>
<i>Gravel</i>	<i>50 70</i>
6. Bore hole dia. <i>8</i> in. Completion date <i>5-24-77</i> Well depth <i>70</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>Atlantic</i> Height <i>(Above)</i> or below Threading: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input 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>70</i> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200-265</i>	
10. Screen: Manufacturer's name <i>Self made</i> Type <i>Core</i> Dia. <i>5</i> Slot/gauze <input type="checkbox"/> Length <i>20</i> Set between <i>50</i> ft. and <i>70</i> ft. Gravel pack <input checked="" type="checkbox"/> Size range of material <i>1/8 - 1/4</i>	
11. Static water level: <i>17</i> ft. below land surface Date <i>5-24-77</i> mb./day/yr.	
12. Pumping level below land surfaces: <i>70</i> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> 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: <i>Spring</i> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. <i>Myers Water Well</i> Business name License No. <i>143</i> Address <i>St Paul Mo</i> Signed <i>A Myers</i> Date <i>5-24</i> Authorized representative	

25-16-W-17
 SE 1/4 NW 1/4
 Sec 17

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

Form WWC-5