

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

Cradney # B2

1. Location of well: County <i>Edwards</i>		Fraction <i>C NW SE</i> 1/4 1/4 1/4			Section number <i>35</i>		Township number <i>T 25 S</i>		Range number <i>R 16 N</i> E/W	
2. Distance and direction from nearest town or city: <i>2 1/2 miles east Trusdale</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: N 1 Mile W E S 1 Mile					6. Bore hole dia. <i>9</i> in. Completion date <i>11-10-78</i> Well depth <i>70</i> ft.					
5. Type and color of material					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					
From					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>70</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>WPC</i> Dia. <i>5</i> Slot/gauze <i>5/8</i> Length <i>20</i> Set between <i>50</i> ft. and <i>70</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <i>yes</i> Size range of material <i>1/8-1/4</i>					
					11. Static water level: <input type="checkbox"/> mo./day/yr. <i>20</i> ft. below land surface Date <i>11-10-78</i>					
					12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> 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 <input type="checkbox"/>					
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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. <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:		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 License No. <i>143</i> Address <i>Cradney Street Bend Co</i> Signed <i>Myers</i> Date <input type="checkbox"/> Authorized representative								

T 25 R 16 S 35 Sec 1/4 NW 1/4

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

Form WWC-5