

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

Remnant #1

| | | | | | | | | | |
|--|--|---|--|--|--|-------------------------------|--|--------------------------------|--|
| 1. Location of well: County <i>Gratt</i> | | Fraction <i>C 1/4 SW 1/4 NE 1/4</i> | | Section number <i>8</i> | | Township number <i>T 26 S</i> | | Range number <i>R 15 N E/W</i> | |
| 2. Distance and direction from nearest town or city: <i>1/2 east</i> | | | | 3. Owner of well: <i>Stirling Drilling Co</i> | | | | | |
| Street address of well location if in city: <i>1/2 south H of well</i> | | | | R.R. or street: <i>Stirling Kansas</i> | | | | | |
| 4. Locate with "X" in section below: Sketch map: | | | | 6. Bore hole dia. <i>5 1/2</i> in. Completion date <i>10-7-75</i> | | | | | |
| | | | | Well depth <i>8</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 | | | | | |
| | | | | 9. Casing: Material <i>PVC</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>224-60/R ft</i> | | | | | |
| | | | | Dia. <i>5</i> in. to <i>72</i> ft. depth Wall Thickness: <i>inches</i> | | | | | |
| | | | | Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>265</i> | | | | | |
| | | | | 10. Screen: Manufacturer's name <i>Seless Plastic</i> | | | | | |
| | | | | Type <i>PVC</i> Dia. <i>5</i> | | | | | |
| | | | | Slot gauze <i>1/8</i> Length <i>20</i> | | | | | |
| | | | | Set between <i>52</i> ft. and <i>72</i> ft. | | | | | |
| | | | | Gravel pack? <i>yes</i> size range of material <i>1/4 - 3/4</i> | | | | | |
| | | | | 11. Static water level: <i>16</i> ft. below land surface Date <i>10-7-75</i> | | | | | |
| | | | | 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: <i>None</i> | | | | | |
| | | | | Direction ____ Type ____ | | | | | |
| | | | | Well disinfected upon completion? ____ Yes ____ 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: | | 20. Water well contractor's certification: | | | | | | | |
| <input type="checkbox"/> Hill | | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. | | | | | | | |
| <input checked="" type="checkbox"/> Slope | | <i>Myers Water Well 143</i> | | | | | | | |
| <input type="checkbox"/> Upland | | Business name <i>Great Bend Co</i> License No. ____ | | | | | | | |
| <input type="checkbox"/> Valley | | Address <i>Great Bend Mo</i> | | | | | | | |
| | | Signed <i>Alfred A Myers</i> Date <i>10-7-75</i> | | | | | | | |
| | | Authorized representative | | | | | | | |

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