

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

*Beven Eldridge #1*

*265*

1. Location of well:	County <i>Edwards</i>	Fraction <i>C 1/4 SW SW 1/4</i>	Section number <i>13</i>	Township number <i>T 27 S</i>	Range number <i>S R 16 W E/W</i>												
2. Distance and direction from nearest town or city: Street address of well location if in city:	<i>2 west 1 3/4 south H Jewell</i>		3. Owner of well: R.R. or street: <i>Stirling Drilling Co Stirling Kansas</i>														
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <i>2 1/2</i> in. Completion date Well depth <i>60</i> ft. <i>8-22-77</i>														
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														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;"><i>Clay</i></td> <td style="text-align:center;"><i>0</i></td> <td style="text-align:center;"><i>15</i></td> </tr> <tr> <td style="text-align:center;"><i>Sand</i></td> <td style="text-align:center;"><i>15</i></td> <td style="text-align:center;"><i>40</i></td> </tr> <tr> <td style="text-align:center;"><i>Gravel</i></td> <td style="text-align:center;"><i>40</i></td> <td style="text-align:center;"><i>60</i></td> </tr> </tbody> </table>				From	To	<i>Clay</i>	<i>0</i>	<i>15</i>	<i>Sand</i>	<i>15</i>	<i>40</i>	<i>Gravel</i>	<i>40</i>	<i>60</i>	9. Casing: Material <i>Plastic</i> Height: (Above 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>282.3</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>		
				From	To												
<i>Clay</i>	<i>0</i>	<i>15</i>															
<i>Sand</i>	<i>15</i>	<i>40</i>															
<i>Gravel</i>	<i>40</i>	<i>60</i>															
			10. Screens: Manufacturer's name <i>Self made</i> Type <i>PVC</i> Dia. <i>5</i> Slot gauge <i>1/8</i> Length <i>20</i> Set between <i>40</i> ft. and <i>60</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>8-22-77</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: <input type="checkbox"/> 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														
18. Elevation:	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. _____ Address <i>St. Bend KS 143</i> Signed <i>Myers</i> Date <i>8-22-77</i> Authorized representative														
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																	

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

Form WWC-5