

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

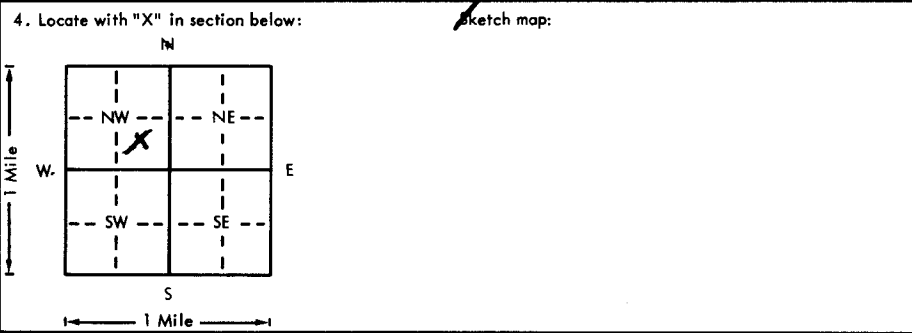
Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

*Grizzell & Wood #1*

1. Location of well: County *Osage* Fraction *C SE NW* Section number *13* Township number *T 26 S R 16 E/W*

2. Distance and direction from nearest town or city: *2 1/2 miles south of Hopewell*

3. Owner of well: *Stirling Drilling Co*  
R.R. or street: *Stirling Kansas*  
City, state, zip code:



6. Bore hole dia. *8* in. Completion date *11-21-77*  
Well depth *60* ft.

7.  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Bored  Reverse rotary

8. Use:  Domestic  Public supply  Industry  
 Irrigation  Air conditioning  Stock  
 Lawn  Oil field water  Other

Casing: Material *plastic* Height: *0* above or below  
Threaded  Welded  Surface *12* in.  
RMP  PVC  Weight *282.3* lbs./ft.  
Dia. *5* in. to *60* ft. depth Wall Thickness: inches or  
Dia.  in. to  ft. depth gage No. *200*

5. Type and color of material	From	To
<i>clay</i>	<i>0</i>	<i>15</i>
<i>sandy clay</i>	<i>15</i>	<i>20</i>
<i>sand</i>	<i>20</i>	<i>40</i>
<i>gravel</i>	<i>40</i>	<i>60</i>

10. Screen: Manufacturer's name *self made*  
Type *PVC* Dia. *5*  
Slot gauze *8* Length *20*  
Set between *40* ft. and *60* ft.  
Gravel pack? *yes* Size range of material *3-1/4*

11. Static water level: *28* ft. below land surface Date *11-21-77*  
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.  
 Yes  No Date \_\_\_\_

14. Well head completion:  
 Pitless adapter \_\_\_\_ inches above grade

15. Well grouted? *yes*  
With:  Neat cement  Bentonite  Concrete  
Depth: From *0* ft. to *10* ft.

16. Nearest source of possible contamination:  
ft. \_\_\_\_ Direction \_\_\_\_ Type \_\_\_\_  
Well disinfected upon completion?  Yes  No

17. Pump:  Not installed  
Manufacturer's name \_\_\_\_  
Model number \_\_\_\_ HP \_\_\_\_ Volts \_\_\_\_  
Length of drop pipe \_\_\_\_ ft. capacity \_\_\_\_ g.p.m.  
Type:  
 Submersible  Turbine  
 Jet  Reciprocating  
 Centrifugal  Other

18. Elevation: \_\_\_\_\_

19. Remarks: \_\_\_\_\_

Topography:  
 Hill  
 Slope  
 Upland  
 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.

*Myers Water Well*  
Business Address: *1413*  
Signed: *Myers* Date: *11-21-77*  
Authorized Representative

T  
R  
W  
E  
S  
E  
NW  
1/4 1/4 1/4 1/4  
13  
CSE NW