

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

WATER WELL RECORD
KSA 820-1201-1215

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

1. Location of well:	County EDWARDS	Fraction NE 1/4 NW 1/4 NE 1/4	Section number 26	Township number T 26 S	Range number R 16 W	E/W															
2. Distance and direction from nearest town or city: 3 1/2 SOUTH EAST 1/4 SOUTH Street address of well location if in city:			3. Owner of well: STERLING DELQ R.R. or street: City, state, zip code: STERLING, KS																		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 12-15-78 Well depth 75 ft.																	
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">5. Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> <tr> <td>Fine Sand</td> <td>0</td> <td>20</td> </tr> <tr> <td>Clay</td> <td>20</td> <td>35</td> </tr> <tr> <td>Fine SAND</td> <td>35</td> <td>50</td> </tr> <tr> <td>Gravel</td> <td>50</td> <td>75</td> </tr> </table>		5. Type and color of material	From	To	Fine Sand	0	20	Clay	20	35	Fine SAND	35	50	Gravel	50	75	7. <input checked="" 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		
				5. Type and color of material	From	To															
Fine Sand	0	20																			
Clay	20	35																			
Fine SAND	35	50																			
Gravel	50	75																			
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 <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 278.3 lbs./ft. Dia. 5 in. to 15 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200																		
(Use a second sheet if needed)			10. Screen: Manufacturer's name Peerless Type SAW Dia. 5 Slot/gauze 18 Length 20 Set between 75 ft. and 55 ft. ft. and <input type="checkbox"/> ft. Gravel pack yes Size range of material 14-18																		
			11. Static water level: <input type="checkbox"/> mo./day/yr. 20 ft. below land surface Date 12-15-78																		
			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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____																		
			14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade																		
			15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 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 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																		
			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 143 Business Name Great Sand License No. ____ Address STERLING, KS Signature David Sandell Date 12-15 Authorized Representative																		
			18. Elevation:	19. Remarks:																	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																					

T 26
 R 16 W
 NE 1/4
 NW 1/4
 NE 1/4

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

Form WWC-5