

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

C NW SW

1. Location of well: County <u>Edwards</u> , Fraction <u>SW 1/4 NW 1/4 Contour</u> , Section number <u>10</u> , Township number <u>T 26<sup>S</sup></u> , Range number <u>R 17<sup>W</sup> E/W</u>	
2. Distance and direction from nearest town or city: <u>1 1/2 South Fiddsburg, Mo</u> Street address of well location if in city:	
3. Owner of well: <u>DP Zaver Oil Co</u> R.R. or street: City, state, zip code: <u>Wichita, Kansas</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>N</p> <p>W E</p> <p>S</p> <p>1 Mile</p> </div> <div> <p>6. Bore hole dia. <u>8</u> in. Completion date <u>10-22-77</u> Well depth <u>60</u> ft.</p> <p>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</p> <p>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</p> <p>9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/2</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>287.3</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>60</u> ft. depth gage No. <u>265</u></p> </div> </div>	
5. Type and color of material	
	From To
<u>Clay</u>	0 20
<u>Fine Sand Clay</u>	20 30
<u>Clay</u>	30 40
<u>Gravel</u>	40 60
10. Screen: Manufacturer's name <u>Shop made</u> Type <u>band</u> Dia. <u>5</u> Slot/gauze <u>5/8</u> Slot Length <u>30</u> Set between <u>0</u> ft. and <u>60</u> ft. <u>40</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>5-8</u>	
11. Static water level: <u>26</u> ft. below land surface Date <u>10-22-77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>        </u> ft. after <u>        </u> hrs. pumping <u>        </u> g.p.m. <u>        </u> ft. after <u>        </u> hrs. pumping <u>        </u> g.p.m. Estimated maximum yield <u>        </u> g.p.m.	
13. Water sample submitted: <u>        </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>        </u>	
14. Well head completion: <u>        </u> Pitless adapter <u>12</u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <u>        </u> Neat cement <input checked="" type="checkbox"/> Bentonite <u>        </u> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>        </u> Direction <u>        </u> Type <u>        </u> Well disinfected upon completion? <u>        </u> Yes <u>        </u> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>        </u> Model number <u>        </u> HP <u>        </u> Volts <u>        </u> Length of drop pipe <u>        </u> ft. capacity <u>        </u> g.p.m. Type: <u>        </u> Submersible <u>        </u> Turbine <u>        </u> Jet <u>        </u> Reciprocating <u>        </u> Centrifugal <u>        </u> Other	
(Use a second sheet if needed)	
18. Elevation:  Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>Myers Water Well Service</u> Business name <u>        </u> License No. <u>142</u> Address <u>        </u> Signed <u>Charles Myers</u> Date <u>10-26-77</u> Authorized representative

T 26  
R 17  
E/W  
10  
CSB  
NW

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

Form WWC-5