

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

*Schriener #1*

1. Location of well: County <i>Barber</i>		Fraction <i>E 1/4 NW 1/4 NW 1/4</i>	Section number <i>6</i>	Township number <i>T 30 S</i>	Range number <i>R 13 W</i>
X Distance and direction from nearest town or city: <i>4 Mile, South Coats - 2 1/2 east</i> Street address of well location if in city:			3. Owner of well: <i>Search Drilling Co</i> R.R. or street: <i>257 N York road</i> City, state, zip code: <i>Wichita Kans 67216</i>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>8</i> in. Completion date <i>10-12-77</i> Well depth <i>120</i> ft.	
				7. 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	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>Plastic</i> Height: <i>above</i> 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>187.2</i> lbs./ft. Dia. <i>5</i> in. to <i>120</i> ft. depth Wall Thickness: inches pr Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200#, 265</i>	
				10. Screen: Manufacturer's name <i>Self made</i> Type <i>PVC</i> Dia. <i>5</i> Slot gauge <i>1/100</i> Length <i>20</i> Set between <i>100</i> ft. and <i>120</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <i>yes</i> size range of material <i>1/4"</i>	
				11. Static water level: <i>30</i> ft. below land surface Date <i>10-12-77</i> mo./day/yr. <i>10-12-77</i>	
				<input checked="" type="checkbox"/> Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
				<input checked="" type="checkbox"/> Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> 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.	
				<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <i>None</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. <i>Myus Water Well</i> Business name <i>Myus Water Well</i> License No. <i>MS</i> Address <i>W. Bend Ks MS</i> Signed <i>A Myus 10-12</i> Date <i>10-12-77</i> Authorized representative	
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

30 130 W  
 Sec  
 1/4 1/4 1/4  
 C...  
 W...

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

Form WWC-5