

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

Stadell #1

1. Location of well:	County <i>Harper</i>	Fraction <i>NW</i> <i>C 1/4 NE 1/4</i>	Section number <i>26</i>	Township number <i>T 32</i>	Range number <i>S 8 E/W</i>
2. Distance and direction from nearest town or city: Stadell			3. Owner of well: <i>Sweetman Drilling Inc</i>		
Street address of well location if in city: Stadell			R.R. or street: City, state, zip code: <i>Wichita Kansas</i>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: <i>3 1/2 east of Stadell</i>		
5. Type and color of material			6. Bore hole dia. <i>7</i> in. Completion date <i>9-3-75</i> Well depth <i>35</i> ft.		
			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		
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 checked="" type="checkbox"/> Other		
			9. Casing: Material <i>PVC</i> Height: <i>Above</i> 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>143</i> lbs./ft. Dia. <i>4</i> in. to <i>35</i> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <i>200</i>		
Sandy Clay			10. Screen: Manufacturer's name <i>Acrylic Plastic</i>		
			Type <i>PVC</i> Dia. <i>4</i> Slot gauge <i>1/8</i> Length <i>10</i> Set between <i>8.25</i> ft. and <i>35</i> ft. ft. and <input type="checkbox"/> ft.		
Heavy Sand			Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/4-1/2</i>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <i>8</i> ft. below land surface Date <i>9-3-75</i>		
Red bed			12. 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"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> inches above grade		
			15. Well grouted? <i>no</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. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> 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		
18. Elevation:			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 143</i> Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address <i>West Bend Ks</i> Signature <i>Debra Myers</i> Date <i>9-3-75</i> Authorized representative		
19. Remarks: Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

100
200
32
8
26
C
1/4
1/4
1/4
NE

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

Form WWC-5