

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

SUGARLOAF

WATER WELL RECORD  
KSA 82a-1201-1215

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

DDD

1. Location of well:		County <u>Cherokee</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section number <u>5</u>	Township number <u>T 33</u>	Range number <u>S R 21</u>	<u>E 10</u>	
2. Distance and direction from nearest town or city: <u>1N + 1 3/4 E of Sitka</u> Street address of well location if in city:		3. Owner of well: <u>Met Wilson</u> R.R. or street: City, state, zip code: <u>Ashland, Kansas 67831</u>						
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>3 3/8</u> in. Completion date _____ Well depth <u>160</u> ft. <u>7-20-79</u>			
		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			8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other			
5. Type and color of material		From	To	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth Gage No. <u>40ack</u>				
<u>top soil</u>		<u>0</u>	<u>3</u>	10. Screen: Manufacturer's name _____ <u>Jet Stream</u>				
<u>sandy clay</u>		<u>4</u>	<u>15</u>	Type <u>PVC</u> Dia. <u>5'</u> Slot/gauze <u>7/8"</u> Length <u>40'</u> Set between <u>120</u> ft. and <u>160</u> ft. _____ ft. and _____ ft.				
<u>red bed</u>		<u>16</u>	<u>160</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-1"</u>				
				<input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. <u>63</u> ft. below land surface Date <u>7-20-79</u>				
				12. Pumping level below land surfaces: _____ ft. after <u>1 1/2</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.				
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>7-20-79</u>				
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade				
				15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.				
				16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>ESE</u> Type <u>barnyard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
				17. Pump: <input checked="" 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				
		(Use a second sheet if needed)						
18. Elevation:	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>Bartel Drilling</u> <u>101A</u> Business name _____ License No. _____ Address <u>made 1st</u> Signed <u>Robert Bartel</u> Date <u>12-27</u> Authorized representative				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	<u>1000</u>			<u>1938</u> <u>11</u> <u>1972</u>				

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

Form WWC-5