

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

1. Location of well:	County: <u>rice</u>	Fraction: <u>NW 1/4 SE 1/4 SW 1/4</u>	Section number: <u>11</u>	Township number: <u>21</u>	Range number: <u>9</u>
2. Distance and direction from nearest town or city: <u>Alden</u> <u>1 EAST 1 SOUTH EASTSIDE</u> Street address of well location if in city:			3. Owner of well: <u>Steeling Delq</u> R.R. or street: <u>Box 129</u> City, state, zip code: <u>Steeling Ks 67579</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>7</u> in. Completion date _____ Well depth <u>60</u> ft. <u>2-23-79</u>	
		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		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 _____ Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>278.3</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ <u>Pacloss</u> Type <u>Sand</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>60</u> ft. and <u>40</u> ft. ft. and _____ ft. Gravel pack <input checked="" type="checkbox"/> Size range of material <u>1/8-1/4</u>
					<input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date <u>2-22-79</u>
					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 <u>12</u> Inches above grade
					15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>None</u> 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 _____ 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: Topography: <input 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</u> <u>148</u> Business name License No. Address <u>Great Bend Ks 67538</u> Signed <u>Lloyd Rosendahl</u> Date <u>2-22-79</u> Authorized representative		

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

Form WWC-5