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

Best Available Copy

81

WATER WELL RECORD
KSA 82a-1201-1215

wrong map cool.

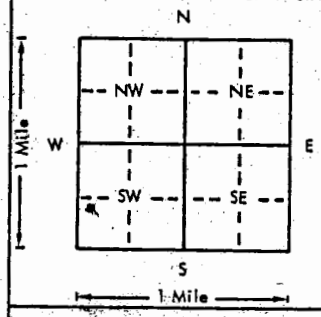
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Reno	NW 1/4 SW 1/4 SW 1/4	11	T 22 S	R 5 E (W)

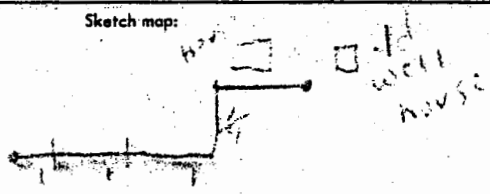
2. Distance and direction from nearest town or city: [illegible]
Street address of well location if in city: [illegible]

3. Owner of well: Mrs. Steele
R.R. or street: Barnesiake Rd.
City, state, zip code: Hutchinson, Kansas 67501

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. ____ in. Completion date ____/____/73
Well depth 40 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded ____ Surface ____ in.
RMP ____ PVC ____ Weight ____ lbs./ft.
Dia. ____ in. to ____ ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. ____

5. Type and color of material	From	To
Top soil	0	3
Clay	3	11
Sand	11	12
Clay	12	15
Clay	15	22
Fine sand w/ clay	22	26
Med. fine sand	26	33
Clay	33	35
Med. fine sand	35	40
Shale	40	
(Use a second sheet if needed)		

10. Screen: Manufacturer's name ____
Type ____ Dia. ____
Slot/gauze ____ Length ____
Set between ____ ft. and ____ ft.
____ ft. and ____ ft.
Gravel pack? ____ Size range of material ____

11. Static water level: mo./day/yr.
____ ft. below land surface Date ____

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.
__ Yes X No Date ____

14. Well head completion:
__ Pitless adapter ____ Inches above grade

15. Well grouted? ____
With: ____ Neat cement ____ Bentonite X Concrete
Depth: From ____ ft. to ____ ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type ____
Well disinfected upon completion? X Yes ____ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

T ____ R ____ W ____ Sec ____ 1/4 ____ 1/4 ____ 1/4 ____

18. Elevation:
Topography:
__ Hill
__ Slope
X Upland
__ 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.
[illegible] Inc.
Business name License No.
Address ____
Signed ____ Date ____
Authorized representative

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

Form WWC-5

MI-1023