USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY. WATER WELL RECORD Kansas Department of Health and KSA 82a-1201-1215 Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620 Township number County Fraction Section number Range number 1. Location of well: 14 1/4 NE 1/4 NE 1/4 d 23 R E 2. Distance and direction from nearest town or city: Steven's #Tynde() Street address of well location if in city: 3. Owner of well: Steven's nc. R.R. or street: 225 Autchinson City, state, zip code: 6750 nson Kan. 4. Locate with "X" in section below: Sketch map: Completion date Ν 4+4 Well depth 🗳 1-10-**3**.ft. 51 X 7. \_\_\_ Cable tool \_\_\_ Rotary 🕒 Driven 🎽 Dug 1 \_\_\_ Hollow rod \_\_\_ Jetted 🛛 👗 Bored \_\_\_ Reverse rotary NF -NW ı 8. Use: \_\_\_ Domestic \_\_\_ Public supply \_\_\_ Industry Mile . w F \_\_\_\_ Irrigation \_\_\_\_ Air conditioning \_\_\_\_ Stock Other SW -SF 9. Casing: Moterial **Plat** Height: Aboy or below Threaded \_\_\_\_\_ Welded Class Surface \_\_\_\_\_12 RMP\_\_\_\_\_\_ PVC\_\_\_\_\_\_Keight \_\_\_\_\_\_lbs./ Dio.\_\_\_\_ in. to 4/3 ft. depth Wall Thickness: inches or lbs./ft. S 3~ - 1 Mile Dia. \_\_\_\_ in. to \_\_\_\_\_ ft. depth gage No. \_\_\_\_75 5. Type and color of material Τо From 10. Screen: Manufacturer's name Iwn Sandy Soil 0 mr Type Dia rown sandy clay ine sand ine gravel redium gravel 19 hole Length. Slot/gauze\_ **3\_\_**ft. and Set between ft. and \_ 7 Gravel pack? Size range of material 11. Static water level: \_\_\_\_\_\_\_ft. below land surface Date \_ mo./day/y 43 12. Pumping level below land surfaces: **20** ft. after \_\_\_\_\_ hrs. pumping **20** g.p.m. \_\_\_\_ ft. after \_\_\_ hrs. pumping \_ g.p.m. Estimated maximum yield \_ \_g.p.m 13. Water sample submitted: mo./day/yr Yes 🔏 No Date 14. Well head completion: 12 Inches above grade Pitless adapter 15. Well grouted? With:\_\_\_\_ Neat\_cement \_ entonite 🛛 👗 Concrete Depth: From \_\_\_\_\_\_ ft. to \_ **3** ft. 16. Nearest source of possible contamination: Solid Type Stull ft. \_\_\_\_\_ Direction \_\_ Well disinfected upon completion? \_\_\_\_\_ Yes 🛛 👗 No 👗 Not installed 17. Pump: Manufacturer's name Model number \_\_\_\_\_ \_\_\_ HP \_\_\_\_\_ Volts . Length of drop pipe \_\_\_\_ ft. capacity \_\_\_\_\_g.p.m. Type: \_\_\_\_\_ Submersible \_\_\_\_ Turbine \_\_\_\_ Jet \_\_\_\_\_ Reciprocating Other \_\_\_\_ Centrifugal (Use a second sheet if needed) 19. Remarks: 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. Topography: rice water Hill Business name Slope Address \_ Upland Signed 🗶 Valley Authorized representati

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

Form WWC-5