

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<br><b>STAFFORD</b> | Fraction<br><b>1/4 NW 1/4 SE 1/4</b> | Section number<br><b>33</b>                                                                                                                                                                                                                                                                                                                             | Township number<br><b>T 24</b>                                                                                                                                                                                                                                                                                                                                                                  | Range number<br><b>S R 14</b> | <b>EW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. Distance and direction from nearest town or city:<br><b>Highway 450 &amp; Dikwyn Rd 3 miles South 1/2 East 1/2 North</b>                                     |                           |                                      | 3. Owner of well: <b>Steeling Delg.</b><br>R.R. or street: <b>Box 129</b><br>City, state, zip code: <b>Steeling Ks. 67579</b>                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4. Locate with "X" in section below:                                                                                                                            |                           | Sketch map:                          |                                                                                                                                                                                                                                                                                                                                                         | 6. Bore hole dia. <b>9</b> in. Completion date <b>10-26-78</b><br>Well depth <b>60</b> ft.                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                 |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other                                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 5. Type and color of material                                                                                                                                   |                           | From                                 |                                                                                                                                                                                                                                                                                                                                                         | To                                                                                                                                                                                                                                                                                                                                                                                              |                               | 9. Casing: Material <input type="checkbox"/> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>278-3</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>60</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <b>200, 265</b> |
|                                                                                                                                                                 |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                 |                               | 10. Screen: Manufacturer's name <b>Deerless</b><br>Type <b>Saw</b> Dia. <b>5</b><br>Slot/gauze <b>1/8</b> Length <b>28</b><br>Set between <b>60</b> ft. and <b>40</b> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8</b>                                                                                                                                                                                                               |
|                                                                                                                                                                 |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         | 11. Static water level: <b>20</b> ft. below land surface Date <b>10-26-78</b> ma./day/yr.                                                                                                                                                                                                                                                                                                       |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                 |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         | 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                 |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         | 13. Water sample submitted: ____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                 |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         | 14. Well head completion: <b>12</b> inches above grade<br>____ Pitless adapter                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                 |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         | 15. Well grouted? <b>yes</b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.                                                                                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                 |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         | 16. Nearest source of possible contamination:<br>ft. ____ Direction ____<br>Well disinfected upon completion? <b>yes</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                    |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                 |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                 |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         | (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 18. Elevation:                                                                                                                                                  | 19. Remarks:              |                                      | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Myers Water Well 143</b><br>Business name <b>Great Bend Ks</b> License No. ____<br>Address <b>10-26</b><br>Signed <b>Floyd Rosendahl</b> Date <b>10-26</b><br>Authorized representative |                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                           |                                      |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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

Form WWC-5

24 14 33  
 T R W E  
 Sec 1/4 1/4 1/4