

pl # 348 2272

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 EDWARDS	Section number 13	Township number T 24 S R 16 E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: ALBERT H. Sewing R.R. or street: City, state, zip code: MACKSVILLE, KANSAS		
4. Locate with "X" in section below:		Sketch map:		
		<input checked="" type="checkbox"/> Bore hole dia 24 in. Completion date 6-17-76 Well depth 108 ft. 7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <input checked="" type="checkbox"/> Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC Weight _____ lbs./ft. Dia. 1 1/2 in. to 108 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 219		
5. Type and color of material		From	To	10. Screen: Manufacturer's name W.H. Brown Enterprises Type Slotted Dia. 1 1/2 Slot/gauze _____ Length 60 Set between 48 ft. and 108 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____
				11. Static water level: _____ mo./day/yr. 12 ft. below land surface Date 6-17-76
				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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
				15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 10 ft. to Surface
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No
				17. Pump: _____ 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: 2050	19. Remarks: 28495 24 16 13 SNS		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. EWBANK, INC. 334 Business name License No. Address 901 So. Main, Fairview, Okla. Signed Rodney Eubank Date 6-17-76 Authorized representative	

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

Form WWC-5