

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	Fraction C-1/2 NE 1/4	Section number 34	Township number T 24	Range number R 16
2. Distance and direction from nearest town or city: 2 EAST 2 1/2 SOUTH Street address of well location if in city:			3. Owner of well: Steering Delq R.R. or street: Box 129 City, state, zip code: Steering, KS 67579			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia: 7 in. Completion date: 3-10-79 Well depth: 75 ft.		
				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		
5. Type and color of material		From	To	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 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 278.3 lbs./ft. Dia. 5 in. to 25 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200, 265		
				10. Screen: Manufacturer's name _____ Peerless Type Saw Dia. 5 Slot/gauze 1/8 Length 28 Set between 60 ft. and 40 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4-1/8		
				11. Static water level: _____ mo./day/yr. 44 ft. below land surface Date 5-10-79		
				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 12 inches above grade		
				15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type well 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:		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. Myees Water Well 143 Business name _____ license No. _____ Address Great Bend Ks 67530 Signed Clayton Rosenthal Date 3-10-79 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 24
 R 16
 W E
 Sec 34
 1/4 1/4 1/4 1/4
 C 1/2 NE

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

Form WWC-5