

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

SWNE
3300 N Elm - 470 N Southline

1. Location of well: County Edwards		Section 3300 N Elm - 470 N Southline		Township number 5 T 24 S		Range number 17 R 17		E/W	
2. Distance and direction from nearest town or city: 6 line 1/2 west 1/2 50 west side				3. Owner of well: Steeling Co					
Street address of well location if in city:				R.R. or street:					
				City, state, zip code: Steeling KS					
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia 9 in. Completion date 6-27-78			
						Well depth 60 ft.			
						7. <input checked="" 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			
						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 PVC Height: Above or below			
						Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in.			
						RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 17-3 lbs./ft.			
						Dia 5 in. to 60 ft. depth Wall Thickness: inches or			
						Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200			
5. Type and color of material				From		To		10. Screen: Manufacturer's name	
CLAY				0		25		Shop made	
Sandy Clay				25		40		Type SAV Dia. 5	
Gravel				40		60		Slot/gauze 1/8 Length 20	
								Set between 40 ft. and 60 ft.	
								<input checked="" type="checkbox"/> Gravel pack? <input type="checkbox"/> Size range of material 4-14	
								11. Static water level: <input type="checkbox"/> mo./day/yr.	
								20 ft. below land surface Date 6-27-78	
								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: <input type="checkbox"/> 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? <input checked="" type="checkbox"/>	
								With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
								Depth: From 0 ft. to 50 ft.	
								16. Nearest source of possible contamination:	
								ft. ____ Direction ____ Type ____	
								Well disinfected upon completion? <input type="checkbox"/> Yes <input 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:			
Topography:						This well was drilled under my jurisdiction and this report			
<input checked="" type="checkbox"/> Hill						is true to the best of my knowledge and belief.			
<input checked="" type="checkbox"/> Slope						<i>Miss Water Well</i>			
<input type="checkbox"/> Upland						Business name Miss Water Well License No. 143			
<input type="checkbox"/> Valley						Address St. Paul K			
						Signature Ray Rosenda Date 6-27-78			
						Authorized representative			

T 84
 R 17
 W 5
 S SWNE
 1/4 1/4

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

Form WWC-5