

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 SE 1/4 SE 1/4 SE 1/4 | | Section number 11 | | Township number T 24 | | Range number S R 17 | | EW |
| 2. Distance and direction from nearest town or city: Pawnee & Edwards Co. Line 1 mile south 3 west 3/4 south west side | | | | 3. Owner of well: Steele Delg. R.R. or street: Route 7 Box 129 City, state, zip code: Steele, KS. 67579 | | | | | | |
| 4. Locate with "X" in section below: Sketch map: | | | | 6. Bore hole dia. <u> </u> in. Completion date <u> </u> Well depth 60 ft. 10-17-78 | | | | | | |
| | | | | 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 | | | | | | |
| | | | | 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 | | | | | | |
| 5. Type and color of material | | | | 9. Casing: Material <u> </u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <u> </u> PVC <input checked="" type="checkbox"/> Weight 278-3 lbs./ft. Dia 5 in. to 60 ft. depth Wall Thickness: <u> </u> in. or Dia. <u> </u> in. to <u> </u> ft. depth gage No. 200-265 | | | | | | |
| | | | | 10. Screen: Manufacturer's name <u> </u> Peerless mfg Type Saw Dia. 5 Slot/gauze 1/8 Length 20 Set between 60 ft. and 40 ft. <u> </u> ft. and <u> </u> ft. Gravel pack yes Size range of material 10-14 | | | | | | |
| | | | | 11. Static water level: <u> </u> mo./day/yr. 20 ft. below land surface Date 10-17 | | | | | | |
| | | | | 12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m. | | | | | | |
| | | | | 13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u> | | | | | | |
| (Use a second sheet if needed) | | | | 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 <u> </u> ft. to 10 ft. | | | | | | |
| | | | | 16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type fuel Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| | | | | 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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 | | | | | | |
| 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. Myers Water Well 143 Business name License No. Address Great Bend KS Signed Floyd Rosenthal Date 10-17 Authorized representative | | | | | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Volley | | | | | | | | | | |

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

Form WWC-5