

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

McKENNEY #1-13

1. Location of well:		County <b>Edwards</b>	Fraction <b>SE 1/4 SE 1/4 SW 1/4</b>	Section number <b>13</b>	Township number <b>T 24 S</b>	Range number <b>R 18 W E/W</b>	
2. Distance and direction from nearest town or city: <b>Lewis KS</b> <b>1 mile NORTH 1/2 west</b> Street address of well location if in city:				3. Owner of well: <b>STERLING DRUG</b> R.R. or street: <b>Box 129</b> City, state, zip code: <b>STERLING KS 67579</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>9</b> in. Completion date <b>10-2-78</b> Well depth <b>65</b> 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			
				<input checked="" type="checkbox"/> Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>278.3</b> lbs./ft. Dia. <b>5</b> in. to <b>65</b> ft. depth Wall Thickness: _____ in. or Dia. _____ in. to _____ ft. depth gage No. <b>200 265</b>			
				10. Screen: Manufacturer's name _____ <b>Pitless MF9</b> Type <b>SAW</b> Dia. _____ Slot/gauze <b>1/8</b> Length <b>30</b> Set between <b>65</b> ft. and <b>45</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-1/4</b>			
				11. Static water level: _____ mo./day/yr. <b>25</b> ft. below land surface Date <b>10-2-78</b>			
				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 _____ Date _____			
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade			
				15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>10</b> ft.			
				<input checked="" type="checkbox"/> Nearest source of possible contamination _____ ft. Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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. <b>Myer Water Well 143</b> Business name _____ License No. _____ Address <b>GREAT BAND KS</b> Signed <b>Raymond Rosendall</b> Date <b>10-2</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 24 R 18 W E/W S 13 1/4 1/4 1/4

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

Form WWC-5