

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 <u>Edward</u> Fraction <u>NW 1/4 NW 1/4 NW 1/4</u> Section number <u>33</u> Township number <u>T 29 25 S</u> Range number <u>R 17</u> E/W	
2. Distance and direction from nearest town or city: <u>Trousdale</u> <u>SW 1/4 1/4 NORTH</u> Street address of well location if in city: <u>660 N.W. 160 W.B.</u>	
3. Owner of well: <u>H-30 Inc</u> R.R. or street: City, state, zip code: <u>Wheeler Kans.</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
<u>Fine Sand</u>	<u>0</u> <u>10</u>
<u>Sandy Clay</u>	<u>10</u> <u>40</u>
<u>GRAVEL</u>	<u>40</u> <u>70</u>
6. Bore hole dia. <u>9</u> in. Completion date <u>8-15-78</u> Well depth <u>70</u> 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 <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Dia. <u>5</u> in. to <u>20</u> ft. depth Height: Above or below Surface <u>12</u> in. Weight <u>278-3</u> lbs./ft. Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>200</u>	
10. Screen: Manufacturer's name <u>PERLESS</u> <u>Shop made</u> Type <u>Saw</u> Dia. <u>5</u> Slot/gauze <u>48</u> Length <u>20</u> Set between <u>20</u> ft. and <u>50</u> ft. ft. and <u> </u> ft. Gravel pack? <u>yes</u> Size range of material <u>14-48</u>	
11. Static water level: <u>18</u> ft. below land surface Date <u>8-15-78</u> mo./day/yr.	
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>	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>50</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u> </u> ft. Direction <u> </u> Type <u> </u> 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>Myers Water Well</u> <u>143</u> Business name License No. Address <u>St Bernard Ks</u> Sig. <u>Lloyd Rosendall</u> Date <u>8-15-78</u> Authorized representative	

T 29 25 S
 R 17 E
 Sec 33
 NW 1/4 NW 1/4 NW 1/4

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

Form WWC-5