

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

*BRYANT #1*

<b>1. Location of well:</b>	County <i>Edwards</i>	Fraction <i>Q 1/4 NE 1/4 NE 1/4</i>	Section number <i>3</i>	Township number <i>T 26 S</i>	Range number <i>R 16 W E/W</i>
<b>2. Distance and direction from nearest town or city:</b>	<i>8 miles 1/2 EAST SW 60.</i>		<b>3. Owner of well:</b>	<i>Steeling Delq.</i>	
Street address of well location if in city:			R.R. or street:	<i>Box 129</i>	
			City, state, zip code:	<i>Steeling, Ks. 67579</i>	
<b>4. Locate with "X" in section below:</b>		Sketch map:		<b>6. Bore hole dia.</b> <i>9</i> in. <b>Completion date</b> <i>9-24-78</i> Well depth <i>25</i> ft.	
				<b>7.</b> <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	
				<b>8. Use:</b> <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	
<b>5. Type and color of material</b>		From	To	<b>9. Casing:</b> Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Dia <i>5</i> in. to <i>25</i> ft. depth	
				Height: Above or below Surface <i>278-312</i> in. Weight <i>228-3</i> lbs./ft. Wall Thickness: <i>1/8</i> in. or <i>1/4</i> in. Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth. Gauge No. <i>200-2265</i>	
<i>Fine Sand</i>		<i>0</i>	<i>10</i>	<b>10. Screen:</b> Manufacturer's name <i>Peerless Mfg</i>	
<i>Clay</i>		<i>10</i>	<i>17</i>	Type <i>Saw</i> Dia. <i>5</i> Slot/gauze <i>1/8</i> Length <i>20</i> Set between <i>25</i> ft. and <i>55</i> ft. ft. and <input type="checkbox"/> ft.	
<i>Fine Sand</i>		<i>17</i>	<i>30</i>	Gravel pack? <i>yes</i> Size range of material <i>1/8-1/4</i>	
<i>Gravel</i>		<i>30</i>	<i>25</i>	<b>11. Static water level:</b> <i>16</i> ft. below land surface Date <i>9-24-78</i> mg./day/yr.	
				<b>12. Pumping level below land surfaces:</b> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
				<b>13. Water sample submitted:</b> ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____	
				<b>14. Well head completion:</b> <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade	
				<b>15. Well grouted?</b> <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
				<input checked="" type="checkbox"/> Nearest source of possible contamination: N: ____ Direction ____ Type <i>none</i> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				<b>17. Pump:</b> ____ 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	
				<b>20. Water well contractor's certification:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief <i>Myers Water Well 143</i> Business name <i>GREAT BAND KS</i> License No. ____ Address <i>9-24-78</i> Signed <i>Lloyd Rosendall</i> Date <i>9-24-78</i> Authorized representative	
<b>18. Elevation:</b>	<b>19. Remarks:</b>				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T  
R  
E  
S  
E  
C  
1/4  
1/4  
1/4  
1/4

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

Form WWC-5