

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>Edwards</u>	Fraction: <u>C 1/4 NE 1/4 SW 1/4</u>	Section number: <u>23</u>	Township number: <u>T 26S</u>	Range number: <u>R 17W</u>	E/W				
2. Distance and direction from nearest town or city: <u>Bellevue Ks</u> <u>8 m. South 10 west 3 South 2 West</u> Street address of well location if in city: <u>1 South 1/2 West Northside</u>			3. Owner of well: <u>D.R. Luck</u> R.R. or street: <u>1201 Washington</u> City, state, zip code: <u>Bellevue, Mo 64601</u>							
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> E S 1 Mile</div>			NW	NE	SW	SE	Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>9-13-78</u> Well depth <u>60</u> ft.	
NW	NE									
SW	SE									
5. Type and color of material			From To		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"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>278-3</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>60</u> ft. depth Gage No. <u>200</u>					
					10. Screen: Manufacturer's name <u>Poreless Mfg</u> Type <u>Saw</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>60</u> ft. and <u>40</u> ft. ft. and <u>40</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>					
					11. Static water level: <u>8</u> mo./day/yr. <u>8</u> ft. below land surface Date <u>9-13-78</u>					
(Use a second sheet if needed)					12. Pumping level below land surfaces: ft. after <u> </u> hrs. pumping <u> </u> g.p.m. 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>0</u> ft. to <u>10</u> ft.					
					16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" 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					
					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>Great Bend Ks</u> Signed <u>Floyd Resendahl</u> Date <u>9-15-78</u> Authorized representative					
					18. Elevation:					
					19. Remarks:					
					Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5

26 170 23 CNE SW
T 26S R 17W Sec 23