

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>WABAUNSEE</u>		Fraction <u>NW SE NW</u> <del>NE 1/4</del> <u>NE 1/4 NW 1/4</u>		Section number <u>27</u>	Township number <u>T 11 S</u>	Range number <u>R 11 E</u>
2. Distance and direction from nearest town or city: <u>.7 W OF</u> Street address of well location if in city: <u>PAXICO</u>			3. Owner of well: <u>Ed MEINHART</u> R.R. or street: <u>RT 1</u> City, state, zip code: <u>PAXICO, KS</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>12</u> in. Completion date _____ Well depth <u>57</u> ft. <u>7-19-77</u>		
				7. 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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>29</u> in. RMP <input type="checkbox"/> PVC <u>9L</u> Weight <u>460</u> lbs./ft. Dia. <u>6</u> in. to <u>57</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>5478-916</u>		
				10. Screen: Manufacturer's name _____ <u>MPI</u> Type <u>PVC</u> Dia. <u>6</u> <u>50</u> gauge <u>020</u> Length <u>10</u> Set between <u>37</u> ft. and <u>47</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>030/100</u>		
				11. Static water level: _____ mo./day/yr. <u>10</u> ft. below land surface Date <u>9-17-77</u>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>24</u> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input 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>120</u> Direction <u>N</u> Type <u>LAGOON</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 _____ 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: <u>990</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: <u>OWNER TO INSTAL SLAB</u>		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>STRADER DAILY CO INC 182</u> Business name _____ License No. _____ Address <u>HOLTON, KS</u> Signed <u>Dale Distrom</u> Date <u>7-21-77</u> Authorized representative		

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

Form WWC-5

BR = 959

▽ = 990