

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 Geary	Fraction NE 1/4 SW 1/4 NE 1/4	Section number 22	Township number T 11 S R 6	Range number 6	EXX
2. Distance and direction from nearest town or city: Approximately 2 Mi. West of Ogden, Kansas Street address of well location if in city:			3. Owner of well: Mr. Joe Meinhardt R.R. or street: 700 Ehler City, state, zip code: Manhattan, Kansas				
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: Well No. 1			6. Bore hole dia. <u>30</u> in. Completion date _____ Well depth <u>52</u> ft. <u>8/15/77</u>		
					7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
					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>Steel</u> Height: Above grade _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>31.75</u> lbs./ft. Dia. <u>16</u> in. to <u>28</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0.188</u> "		
5. Type and color of material		From	To	10. Screen: Manufacturer's name Doerr Metal Products Type <u>Steel</u> Dia. <u>16</u> " Slot/gauze <u>1/8</u> " Length <u>24</u> ' Set between <u>28</u> ft. and <u>52</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8x1/4</u>			
Very fine sand		0	2	11. Static water level: _____ mo./day/yr. <u>10.50</u> ft. below land surface Date <u>8/15/77</u>			
Dark brown clay		2	15	12. Pumping level below land surfaces: <u>8.85</u> ft. after <u>3</u> hrs. pumping <u>800</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1400</u> g.p.m.			
Coarse gravel		15	45	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
Coarse gravel w/large flat rock		45	55	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.			
				16. Nearest source of possible contamination: ft. <u>1300</u> Direction <u>North</u> Type <u>River</u> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
				17. Pump: _____ Not installed Manufacturer's name <u>Layne & Bowler</u> Model number <u>770518</u> HP <u>60</u> Volts _____ Length of drop pipe <u>40</u> ft. capacity <u>800</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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 type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. Layne Western Co. <u>102</u> Business name License No. Address <u>Wichita, Kansas</u> Signed <u>Larry G. Kroll</u> Date <u>8/15/77</u> Authorized representative			

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

Form WWC-5