

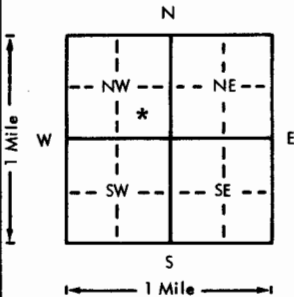
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USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

*BID*

1. Location of well:		County <b>Trego</b>	Fraction <b>SE 1/4 SE 1/4 NW 1/4</b>	Section number <b>20</b>	Township number <b>T 12 S R 22W</b>	Range number <b>22W</b>	
2. Distance and direction from nearest town or city: <b>4 1/2 Mi. E.</b>			3. Owner of well: <b>State of Kansas</b>				
Street address of well location if in city: <b>WaKeeney, Kansas</b>			R.R. or street: <b>State Office Bldg.</b>				
			City, state, zip code: <b>Topeka, Kansas</b>				
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <b>6</b> in. Completion date _____ Well depth _____ ft.	
<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Well Location as shown on plans Sta. 1033+60 350 Lt. <u>Q</u> I 70 WB Roadside Park.</p> </div> </div>						7. 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 type="checkbox"/> Reverse rotary <input type="checkbox"/>	
5. Type and color of material			From		To		
Well Casing was cut-off 3' below ground level							
and filled with sand up to 3.0 ft. The top 3.0							
ft. was filled with concrete August 3, 1977							
<del>XXXXXXXX</del> according to State Statutes.					10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
Well capped according to plans on Project 70-98 I 70-2 (37) 132.					11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
Clifford L. Meredith, Resident Engineer					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Kansas Department of Transportation					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____		
<i>BROCK ?</i>					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
					15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete _____ Depth: From _____ ft. to _____ ft.		
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
					17. Pump: _____ 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)					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.		
18. Elevation:		19. Remarks:				Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative _____	
<p>Topography:</p> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>2414</b>					

L2  
 R 22W  
 20  
 S E S E N W  
 1/4 1/4 1/4 1/4  
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