

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

|   |                         |   |   |   |  |
|---|-------------------------|---|---|---|--|
| <input checked="" type="checkbox"/> Location of well:   | County<br><b>Pawnee</b> | Fraction<br><b>ne 1/4 nw 1/4 ne 1/4</b> | Section number<br><b>19</b>   | Township number<br>T <b>22</b> S R  | Range number<br><b>18</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">W</span>  |
| 2. Distance and direction from nearest town or city:<br><b>3-S 1 1/4-W of Garfield, Ks. Sanford, Ks.</b><br>Street address of well location if in city:         |                         |   | 3. Owner of well: <b>Harold Meckfessel</b><br>R.R. or street: <b>none</b><br>City, state, zip code: <b>Garfield, Kansas 67529</b> |   |  |
| 4. Locate with "X" in section below:<br><div style="text-align: center;"> </div>  |                         |   | Sketch map:   |   |  |
| 5. Type and color of material   |                         |   | From  | To  | 6. Bore hole dia. <u>10</u> in. Completion date _____<br>Well depth <u>195</u> ft. <u>7-25-75</u>  |
| Top soil  |                         |   | 0   | 3   | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |
| Clay  |                         |   | 3   | 30  | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |
| Sand rock   |                         |   | 30  | 34  | 9. Casing: Material <u>pvc</u> Height: Above or <del>below</del><br>Threaded _____ Welded _____ Surface <u>12</u> in.<br>RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <u>5</u> in. to <u>195</u> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <u>.258</u>  |
| Clay  |                         |   | 34  | 40  | 10. Screen: Manufacturer's name _____<br><b>CertainTeed</b><br>Type <u>pvc</u> Dia. _____<br>Slot <del>xxx</del> <u>1/16</u> Length <u>40</u><br>Set between <u>175</u> ft. and <u>195</u> ft.<br><u>135</u> ft. and <u>155</u> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>  |
| Fire clay   |                         |   | 40  | 115   | 11. Static water level: _____ mo./day/yr.<br><u>70</u> ft. below land surface Date <u>7-25-75</u>  |
| Good sand rock  |                         |   | 115   | 205   | 12. Pumping level below land surfaces:<br><u>90</u> ft. after <u>2</u> hrs. pumping <u>60</u> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <u>200</u> g.p.m.   |
|   |                         |   |   |   | 13. Water sample submitted: _____ mo./day/yr.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>7-25-75</u>   |
|   |                         |   |   |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter _____ Inches above grade   |
|   |                         |   |   |   | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <u>0</u> ft. to <u>10</u> ft.   |
|   |                         |   |   |   | 16. Nearest source of possible contamination:<br>ft. <u>60</u> Direction <u>ne</u> Type <u>septic</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
|   |                         |   |   |   | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
|   |                         |   | (Use a second sheet if needed)  |   |  |
| 18. Elevation:  |                         | 19. Remarks:                            |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Rosencrantz-Bemis</b> <u>134</u><br>Business name License No.<br>Address <u>Great Bend, Kansas</u> License No. <u>67530</u><br>Signed <u>Sandy K. Love</u> Date <u>7-20-75</u><br>Authorized representative |  |
| Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                         |   |   |   |  |

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Form WWC-5