

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

County Pawnee		Fraction 1/4 1/4 CNE 1/4	Section number 29	Township number T 23	Range number S 17 R 17
1. Location of well:		2. Distance and direction from nearest town or city: 3 S, 3/4 E,		3. Owner of well: Eldon Meckessel	
Street address of well location if in city: Garfield, KS		City, state, zip code: Garfield, KS			
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W E S 1 Mile</div>		Sketch map:		6. Bore hole dia. 30 in. Completion date Well depth 65 ft. 6-1-77	
5. Type and color of material		From		To	
		Clay		0 17	
		Sand - Gravel		17 25	
		Clay		25 30	
Sand - Gravel		30 65			
				10. Screen: Manufacturer's name Doerr	
				Type Steel Dia. 16	
				Slot/gauze 1/8" Length 30	
				Set between 35 ft. and 65 ft.	
				Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-3/4"	
				11. Static water level: _____ mo./day/yr. 14 ft. below land surface Date 6-1-77	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. 42 ft. after 4 hrs. pumping 1000 g.p.m. Estimated maximum yield 1100 g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: _____ Pitless adapter 12 Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.	
				16. Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				17. Pump: _____ Not installed Manufacturer's name Goulds Model number 4125 HP 65 Volts _____ Length of drop pipe 50 ft. capacity 900 g.p.m. Type: _____ _____ Submersible <input checked="" type="checkbox"/> Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____	
18. Elevation:		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. 186 Kellys Waterwell Ser Business name K2 Great Bend, KS License No. _____ Address Kelly Price Signed _____ Date 7-18 Authorized representative	

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

Form WWC-5

MI-1023