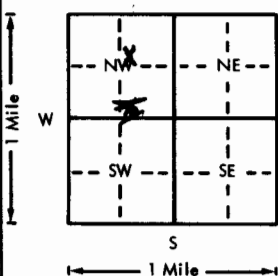


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Grant</b>	Fraction <b>SW 1/4 <del>E</del> 1/4 NW 1/4</b>	Section number <b>16</b>	Township number <b>T 27 S</b>	Range number <b>R 35 E/W</b>
2. Distance and direction from nearest town or city: <b>7 N-11 E-<del>1/4</del> of Ulysses, Ks. 2N-1/4 E-1/4 S</b>				3. Owner of well: <b>David Meyer</b> R.R. or street: <b>Ulysses, Ks. 67880</b> City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>27</b> in. Completion date <b>6-25-76</b> Well depth <b>425</b> ft.		
				7. <input checked="" type="checkbox"/> 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		
Surface		0	2	9. Casing: Material <b>steel</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>36.8</b> lbs./ft. Dia. <b>16</b> in. to <b>225.2</b> ft. depth Wall Thickness <b>inches</b> or Dia. <b>in.</b> to <b>ft.</b> depth gage No. <b>219</b>		
Very fine to fine sand w/clay breakers		2	97	10. Screen: Manufacturer's name <b>Lakewood</b> <b>Pipe of Texas</b> Type <b>steel</b> Dia. <b>16"</b> Slot/gauze <b>3/16</b> Length <b>199.10'</b> Set between <b>225.2</b> ft. and <b>425</b> ft. ft. and <b>ft.</b> Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 x 5/8"</b>		
Medium to coarse sand and gravel		97	250	11. Static water level: <b>190</b> ft. below land surface Date <b>5-24-76</b>		
Medium to coarse sand & gravel w/clay breakers		250	308	12. Pumping level below land surfaces: <b>211.6</b> ft. after <b>26.3</b> hrs. pumping <b>1556</b> g.p.m. <b>ft.</b> after <b>hrs.</b> pumping <b>g.p.m.</b> Estimated maximum yield <b>2000</b> g.p.m.		
Sandy clay w/fine sand strips		308	317	13. Water sample submitted: <b>mo./day/yr.</b> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> Date <b>5-24-76</b>		
Medium to coarse sand 58 ft.		317	378	14. Well head completion: <b>NA</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
Medium to coarse sand w/lime shells		378	395	15. Well grouted? <input checked="" type="checkbox"/> <b>X</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
Very fine to fine sand w/lime shells		395	423	16. Nearest source of possible contamination: ft. <b>NA</b> Direction <b>NA</b> Type <b>NA</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Sandy clay, brown shale & lime shells		423	425	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <b>HP</b> Model number <b>Volts</b> Length of drop pipe <b>ft.</b> capacity <b>g.p.m.</b> 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		
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. <b>Houck Bros. Drlg. Co. 164</b> Business name <b>Box 487, Ulysses, KS.</b> License No. Address <b>M. Beard</b> Date <b>11/3/76</b> Signed <b>Authorized representative</b>		

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

Form WWC-5