

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 <u>Meadi</u>		Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>		Section number <u>28 38</u>		Township number <u>T 30 S</u>		Range number <u>R 26 E</u>			
2. Distance and direction from nearest town or city: <u>3 miles north East of Fowler</u>				3. Owner of well: <u>Charles Lepel</u>							
Street address of well location if in city:				R.R. or street: <u>RR 1</u>							
				City, state, zip code: <u>Fowler, Ks 67844</u>							
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>65</u> ft. <u>5-18-79</u>			
				<p>7. <input 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</p> <p>8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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</p> <p>9. Casing: Material <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <u>Glue</u> Weight <u>250</u> lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth <input checked="" type="checkbox"/> Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u></p>							
								5. Type and color of material			
				11. Static water level: <u>n/a</u> mo./day/yr. <u>55</u> ft. below land surface Date _____							
				12. Pumping level below land surfaces: <u>n/a</u> <u>0</u> ft. after _____ hrs. pumping _____ g.p.m. <u>0</u> ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.							
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____							
				14. Well head completion: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade							
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.							
				16. Nearest source of possible contamination: ft. <u>40</u> Direction <u>S</u> Type <u>septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
				17. Pump: <input checked="" type="checkbox"/> 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							
				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. <u>Cragg Well Drilling</u> <u>111</u> Business name License No. Address <u>Dodge City, Ks 67801</u> Signed <u>Larry Cragg</u> Date <u>6-28-79</u> Authorized representative							
18. Elevation:		19. Remarks:									
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<u>Merle Cragg</u>									

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

Form WWC-5

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