

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>Meade</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>29</b>	Township number <b>T 30</b>	Range number <b>S R 26 W E/W</b>
2. Distance and direction from nearest town or city: <b>1 north of Fowler, Kansas</b>			3. Owner of well: <b>Don Hildebrand</b> R.R. or street: <b>RFD</b> City, state, zip code: <b>Fowler, Kansas 67844</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>12</b> in. Completion date _____ Well depth <b>186</b> ft. <b>12-01-77</b>	
					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	
					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	
5. Type and color of material					9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>186</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <b>265</b>	
		From	To		10. Screens: Manufacturer's name _____ <b>Wesco</b> Type <b>PVC</b> Dia. <b>5"</b> <del>Shot</del> /gauge <b>.030</b> Length <b>5</b> Set between <b>179</b> ft. and <b>184</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material _____	
<b>Top soil</b>			<b>0</b>	<b>5</b>		11. Static water level: _____ mo./day/yr. <b>35</b> ft. below land surface Date <b>11/25/77</b>
<b>Sandy clay</b>			<b>5</b>	<b>81</b>		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.
<b>Fine sand</b>			<b>81</b>	<b>103</b>		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
<b>Sandy clay</b>			<b>103</b>	<b>165</b>		14. Well head completion: <b>XX</b> Pitless adapter <b>Unit</b> _____ inches above grade
<b>Gravel &amp; clay</b>			<b>165</b>	<b>190</b>		15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>14</b> ft.
		(Use a second sheet if needed)			16. Nearest source of possible contamination: ft. <b>5</b> Direction <b>north</b> Type <b>well</b> Well disinfected upon completion? <b>XX</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
					17. Pump: _____ Not installed Manufacturer's name <b>Aermotor</b> Model number <b>SD19</b> HP <b>1</b> Volts <b>220</b> Length of drop pipe <b>105</b> ft. capacity <b>20</b> g.p.m. Type: <input checked="" 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.			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	<b># 16 Plugged well according to specifications</b>		Business name <b>Friesen Windmill</b> <b>252</b> License No. _____ Address <b>Meade, Kansas 67864</b> Signed <i>[Signature]</i> Date <b>12-21-77</b> Authorized representative			

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