

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>SE 1/4 NW 1/4 SW 1/4</b>	Section number <b>32</b>	Township number <b>T 30 S R 26</b>	Range number <b>26</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <b>9 7/8</b> in. Completion date _____ Well depth <b>110</b> ft. <b>12-10-75</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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" 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>RMP</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>50</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>220</b> lbs./ft. <b>100</b> Dia. <b>5</b> in. to <b>110</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>320</b>		
				10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>40'</b> Set between <b>30</b> ft. and <b>110</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>3/16"</b>		
<b>Top soil</b>				11. Static water level: _____ mo./day/yr. <b>10</b> ft. below land surface Date <b>12/1/75</b>		
<b>Brown clay</b>				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>40</b> g.p.m.		
<b>Clay &amp; fine sand</b>				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
<b>Green clay with traces of medium sand</b>				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
<b>Blue clay</b>				15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Mortar cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
<b>Blue clay &amp; tan clay</b>				16. Nearest source of possible contamination: ft. <b>20</b> Direction <b>East</b> Type <b>old well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Blue clay &amp; tan clay with gravel</b>				17. Pump: _____ Not installed Manufacturer's name <b>Used Windmill</b> Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity <b>3</b> 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		
(Use a second sheet if needed)						
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>Friesen Windmill</b> <b>252</b> Business name License No. Address <b>Meade, Kansas</b> Signed <b>[Signature]</b> Date <b>12-25</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 30 S R 26 E  
 Sec 32 SE NW SW  
 1/4 1/4 1/4

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

Form WWC-5