

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>NW 1/4 NW 1/4 NE 1/4</b>	Section number <b>27</b>	Township number T <b>30</b> S R <b>28</b> E <b>0</b>
2. Distance and direction from nearest town or city: <b>9 1/2, 1 1/2 W</b>			3. Owner of well: <b>Rolla Miller</b>		
Street address of well location if in city: <b>Meade</b>			R.R. or street: City, state, zip code: <b>Meade, Kansas 67864</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8 3/8</b> in. Completion date _____ Well depth <b>200</b> ft. <b>10-29-79</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	
5. Type and color of material		From	To	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	
<b>topsoil</b>		<b>0</b>	<b>3</b>	9. Casing: Material <b>PVC</b> Height: Above or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>160</b> lbs./ft. Dia. <b>5</b> in. to <b>200</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>40 sch</b>	
<b>white clay</b>		<b>4</b>	<b>70</b>	10. Screen: Manufacturer's name _____ <b>Jet Stream</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/4"</b> Length <b>40</b> Set between <b>160</b> ft. and <b>200</b> ft. _____ ft. and _____ ft.	
<b>blue clay + sand</b>		<b>71</b>	<b>165</b>	Gravel pack? <b>Yes</b> Size range of material <b>1/4"-1/2"</b>	
<b>fine gravel + clay</b>		<b>166</b>	<b>170</b>	11. Static water level: _____ mo./day/yr. <b>90</b> ft. below land surface Date <b>10-29-79</b>	
<b>medium gravel</b>		<b>171</b>	<b>184</b>	12. Pumping level below land surfaces: <b>94</b> ft. after <b>12</b> hrs. pumping <b>20</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>30</b> g.p.m.	
<b>clay</b>		<b>190</b>	<b>191</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<b>good gravel</b>		<b>192</b>	<b>200</b>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
				15. Well grouted? <b>Yes</b> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft.	
				16. Nearest source of possible contamination: ft. <b>300</b> Direction <b>East</b> Type <b>Cattle pens</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <b>Stac-right</b> Model number _____ HP <b>1/2</b> Volts <b>230</b> Length of drop pipe <b>140</b> ft. capacity <b>7</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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. <b>Barclay Dily</b> <b>101A</b> Business name _____ License No. _____ Address <b>Meade, KS</b> Signed <b>Barclay Dily</b> Date <b>12-26-79</b> Authorized representative	
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5