

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 NW 1/4 SW 1/4</b>	Section number <b>2</b>	Township number T <b>30</b> S R	Range number <b>30</b> <span style="float:right">EW</span>
2. Distance and direction from nearest town or city: <b>4 1/2 south, 2 east, 2 south, 1 1/2 east, 1/4 north of Copeland.</b>			3. Owner of well: <b>Jerry Grace</b> R.R. or street: City, state, zip code: <b>Meade, Ks. 67864</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>26</u> in. Completion date <u>7-30-77</u> Well depth <u>457</u> ft.	
					7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary	
					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	
5. Type and color of material		From	To	9. Casing: Material <u>steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>458</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u>		
				10. Screen: Manufacturer's name <u>Johnson</u> Type <u>galv.</u> Dia. <u>16"</u> Slot/gauge _____ Length <u>20</u> ft. Set between <u>420</u> ft. and <u>440</u> ft. <b>Perf: 240-420</b> ft. and <b>440-457</b> ft. Gravel pack? <u>yes</u> Size range of material <u>1/2" down</u>		
				11. Static water level: _____ mo./day/yr. <u>179</u> ft. below land surface Date <u>11-19-76</u>		
				12. Pumping level below land surfaces: <u>189</u> ft. after <u>2</u> hrs. pumping <u>800</u> g.p.m. <u>196</u> ft. after <u>4</u> hrs. pumping <u>1300</u> g.p.m. Estimated maximum yield <u>1300</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: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>N/A</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Goulds-US Pump</u> Model number <u>14JHC</u> HP _____ Volts _____ Length of drop pipe <u>240</u> ft. capacity <u>1300</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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>Minter-Wilson Drilling Co. 208</b> Business name License No. Address <u>Box A Garden City, Ks.</u> Signed _____ Date <u>11-29-77</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

30 300 2- SUMMERS 1/4 1/4 1/4 1/4

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

Form WWC-5