

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>Meade</u>	Fraction: <u>SE 1/4 NW 1/4 NE 1/4</u>	Section number: <u>25</u>	Township number: <u>T 31 S</u>	Range number: <u>R 26 E</u>
2. Distance and direction from nearest town or city: <u>13 1/2 E, 3 N of Meade</u>			3. Owner of well: <u>Carl Preechy</u>		
Street address of well location if in city:			R.R. or street:		
City, state, zip code: <u>Satanta, Kansas</u>					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>5 1/2</u> in. Completion date _____	
				Well depth <u>136</u> ft. <u>5-5-80</u>	
				7. <input checked="" 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	
				9. Casing: Material <u>PVC</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2 1/2</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>136</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>40 Sch.</u>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____	
<u>top soil</u>		<u>0</u>	<u>1</u>	Type <u>PVC</u> Dia. <u>5"</u>	
<u>sand + white clay</u>		<u>2</u>	<u>11</u>	Slot/gauze <u>7/8"</u> Length <u>20'</u>	
<u>sandrock + white clay</u>		<u>12</u>	<u>20</u>	Set between <u>116</u> ft. and <u>136</u> ft.	
<u>sandy clay</u>		<u>21</u>	<u>35</u>	Gravel pack? <u>Yes</u> Size range of material <u>4"-1/2"</u>	
<u>sand</u>		<u>36</u>	<u>40</u>	11. Static water level: _____ mo./day/yr.	
<u>White clay + sand</u>		<u>41</u>	<u>125</u>	<u>73</u> ft. below land surface Date <u>5/5/80</u>	
<u>Sand + Gravel</u>		<u>126</u>	<u>136</u>	12. Pumping level below land surfaces:	
<u>Red Bed</u>		<u>137</u>		<u>73</u> ft. after <u>14</u> hrs. pumping <u>15</u> g.p.m.	
				____ ft. after _____ hrs. pumping _____ g.p.m.	
				Estimated maximum yield <u>35-40</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr.	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
				14. Well head completion: <u>see 19</u>	
				____ Pitless adapter _____ 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>12</u> ft.	
				16. Nearest source of possible contamination: _____	
				ft. <u>5000</u> Direction <u>SW</u> Type <u>Creek</u>	
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <u>See 19</u> 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	
				(Use a second sheet if needed)	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>Windmill well</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
				<u>Bartel Drily</u> <u>101A</u>	
				Business name _____ License No. _____	
				Address <u>Meade Mo</u>	
				Signed <u>Peter Bartel</u> Date <u>5-27-80</u>	
				Authorized representative	

T 31 S R 26 E Sec 25

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

Form WWC-5