

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 Meade | Fraction NW 1/4 NW 1/4 SE 1/4 | Section number 4 | Township number T 31 S R 27 E/W | Range number |
| 2. Distance and direction from nearest town or city: 3 1/2 mi west of Fowler Street address of well location if in city: | | | 3. Owner of well: John Frazier Fowler, Kansas R.R. or street: City, state, zip code: | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. <u>28</u> in. Completion date _____ Well depth <u>302</u> ft. <u>6-25-77</u> | |
| | | 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 | |
| | | | | 9. Casing: Material <u>metal</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <u>16</u> PVC _____ Weight <u>31.66</u> lbs./ft. Dia. <u>16</u> in. to <u>302</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>1/88</u> | |
| 5. Type and color of material | | From | To | 10. Screen: Manufacturer's name <u>W. A. Brown</u> | |
| <u>Surface</u> | | | <u>0</u> | Type <u>17% Free-flow</u> Dia. <u>16</u> | |
| <u>Blue, green and brown clay</u> | | | <u>3</u> | Slot/gauze <u>1/8</u> Length <u>200</u> | |
| <u>30% fine sand mixed with clay</u> | | | <u>100</u> | Set between <u>102</u> ft. and <u>302</u> ft. | |
| <u>Good fine to med. sand and gravel</u> | | | <u>105</u> | _____ ft. and _____ ft. | |
| <u>Coleche brown clay</u> | | | <u>142</u> | Gravel pack? <u>yes</u> Size range of material <u>1/2 down</u> | |
| <u>Half med. sand and fine gravel</u> | | | <u>156</u> | 11. Static water level: _____ mo./day/yr. <u>90</u> ft. below land surface Date <u>5-14-77</u> | |
| <u>Coleche clay</u> | | | <u>165</u> | 12. Pumping level below land surfaces: <u>120</u> ft. after <u>2</u> hrs. pumping <u>2000</u> g.p.m. | |
| <u>Fine sand with 20% clay</u> | | | <u>175</u> | _____ ft. after _____ hrs. pumping _____ g.p.m. | |
| <u>Brown clay</u> | | | <u>185</u> | Estimated maximum yield <u>3000</u> g.p.m. | |
| <u>Fine sand with 20% clay</u> | | | <u>190</u> | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____ | |
| <u>Coleche clay and rock</u> | | | <u>204</u> | 14. Well head completion: _____ Pitless adapter <input checked="" type="checkbox"/> Inches above grade | |
| <u>60% sand with sandrock and clay mixed</u> | | | <u>230</u> | 15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete | |
| <u>Fine sand with 40% clay</u> | | | <u>245</u> | Depth: From <u>0</u> ft. to <u>10</u> ft. | |
| <u>Half med. sand</u> | | | <u>270</u> | 16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>field</u> | |
| <u>Half med. sand and fine gravel</u> | | | <u>288</u> | Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No | |
| <u>Yellow clay and blue shale</u> | | | <u>292</u> | 17. Pump: _____ Not installed Manufacturer's name <u>Goulds</u> Model number <u>12JMC</u> HP <u>100</u> Volts _____ Length of drop pipe <u>200</u> ft. capacity <u>1200</u> g.p.m. Type: _____ Submersible <input checked="" type="checkbox"/> Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ 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. Ace-Hi International 190 Business name _____ License No. _____ Address <u>Dodge City, Kansas</u> Signed <u>Carl G. Tuttle</u> Date <u>7-15-77</u> Authorized representative | | |
| Topography: _____ Hill _____ Slope <input checked="" type="checkbox"/> Upland _____ Valley | | | | | |

T 31 S R 27 E W 4 NW NW SE
 Sec 1/4 1/4 1/4

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

Form WWC-5