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	Fraction	Section number	Township number	Range number
	Meade	~~NW~~ SW 1/4 ~~NW~~ SW 1/4 ~~NW~~ SW 1/4	10	T 31 S	R 27 E/W

2. Distance and direction from nearest town or city: 2 miles West and 1 mile South, 3/4 mile West of Fowler, Ks.
Street address of well location if in city:

3. Owner of well: John Frazier
R.R. or street:
City, state, zip code: Fowler, Kansas 67844

4. Locate with "X" in section below: Sketch map:

N — NW — NE — W — E — SW — SE — S — X — 1 Mile — 1 Mile

6. Bore hole dia. 8 in. Completion date _____
Well depth 234 ft. 6-1-79

7. __ Cable tool XX Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning XX Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material RMP Height: Above or Below XXXX
Threaded ____ Welded ____ Surface 12 in.
RMP XX PVC ____ Weight ____ lbs./ft.
Dia. 5 in. to 234 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 320

5. Type and color of material	From	To
Top soil & clay	0	15
Clay	15	135
Clay & fine to medium sand layers	135	180
Clay & fine to medium sand & coarse sand	180	210
Clay *7ft,* & medium to coarse sand	210	225
Medium to coarse sand & clay	225	240
Clay	240	250

(Use a second sheet if needed)

10. Screen: Manufacturer's name Jess & Lowell
Type RMP Dia. 5"
Slot/~~gauze~~ XXX 1/8 Length 20 ft.
Set between 209 ft. and 229 ft.
____ ft. and ____ ft.
Gravel pack? yes Size range of material 1/4"

11. Static water level: mo./day/yr.
37 ft. below land surface Date 6-1-79

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 30 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes XX No Date ____

14. Well head completion: None
__ Pitless adapter ____ Inches above grade

15. Well grouted? yes
With: ____ Neat cement XXX Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: None
ft. ____ Direction ____ Type ____
Well disinfected upon completion? XXX Yes ____ No

17. Pump: Windmill XX Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal X Other

18. Elevation:
Topography:
__ Hill
__ Slope
X Upland
__ Valley

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.
Joe s Well Service 179
Business name License No.
Address Box 174 Cimarron, Ks.
Signed Larry L Crick Date 7-14-79
Authorized representative

31 — 27 E/W — 10 — SW SW SW
T — R — Sec — 1/4 1/4 1/4

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

Form WWC-5

MI-1023