

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<br><b>Meade</b>               | Fraction<br><b>NW</b> 1/4 <b>SW</b> 1/4 <b>NE</b> 1/4 | Section number<br><b>18</b>   | Township number<br>T <b>31</b> S R | Range number<br><b>27</b> E/W |
| 2. Distance and direction from nearest town or city:<br><b>5 west-2 1/2 south-1/2 west Fowler, Kansas</b><br>Street address of well location if in city:        |  |                                      |   | 3. Owner of well:<br><b>P. D. Edwards</b><br>R.R. or street:<br><b>RFD 1</b><br>City, state, zip code:<br><b>Meade, Kansas</b>  |                                    |                               |
| 4. Locate with "X" in section below:  |  | Sketch map:                          |   | 6. Bore hole dia. <b>20</b> in. Completion date _____<br>Well depth <b>300</b> ft. <b>5-24-79</b>   |                                    |                               |
|   |  |                                      |   | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other            |                                    |                               |
| 5. Type and color of material   |  |                                      |   | 9. Casing: Material <b>metal</b> Height: Above or below<br>Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP _____ PVC _____ Weight <b>31.66</b> lbs./ft.<br>Dia. <b>16</b> in. to <b>300</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <b>.188</b>                                  |                                    |                               |
|   |  | From                                 | To  | 10. Screen: Manufacturer's name _____<br><b>W. A. Brown</b><br>Type <b>1 7/8 Free-flow</b> Dia. <b>16</b><br>Slot/gauze <b>1/8</b> Length <b>140</b><br>Set between <b>160</b> ft. and <b>300</b> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <b>yes</b> Size range of material <b>3/8 down</b>  |                                    |                               |
|   |  |                                      |   | 11. Static water level: _____ mo./day/yr.<br><b>3</b> ft. below land surface Date <b>5-4-79</b>   |                                    |                               |
|   |  |                                      |   | 12. Pumping level below land surfaces:<br><b>175</b> ft. after <b>2</b> hrs. pumping <b>2200</b> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>2500</b> g.p.m.  |                                    |                               |
|   |  |                                      |   | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____   |                                    |                               |
|   |  |                                      |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade  |                                    |                               |
|   |  |                                      |   | 15. Well grouted? <b>yes</b><br>With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.   |                                    |                               |
|   |  |                                      |   | 16. Nearest source of possible contamination: <b>field</b><br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                    |                               |
|   |  |                                      |   | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible _____ Turbine<br><input type="checkbox"/> Jet _____ Reciprocating<br><input type="checkbox"/> Centrifugal _____ Other |                                    |                               |
|   |  | (Use a second sheet if needed)       |   |   |                                    |                               |
| 18. Elevation:  |  | 19. Remarks:                         |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Ace-Hi International 190</b><br>Business name _____ License No. _____<br>Address <b>Dodge City, Kansas</b><br>Signed <b>Carl B. Tuttle</b> Date <b>7-24-79</b><br>Authorized representative       |                                    |                               |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley |  | <b>Have not been advised on pump</b> |   |   |                                    |                               |

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R  
Sec  
1/4  
1/4  
1/4  
NW  
SW  
NE

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

Form WWC-5