

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 NE 1/4 SE 1/4 NW 1/4	Section number 10	Township number T 31 S R	Range number R 28 X/W
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				6. Bore hole dia. <u>9 7/8</u> in. Completion date _____ Well depth <u>213</u> ft. <u>12/8/75</u>		
				7. <input 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		
5. Type and color of material				9. Casing: Material <u>RMP</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP _____ PVC _____ Weight <u>220</u> lbs./ft. 100 Dia. <u>5</u> in. to <u>213</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>.320</u>		
				10. Screen: Manufacturer's name _____ <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/8"</u> Length <u>60'</u> Set between <u>107</u> ft. and <u>213</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/16"</u>		
Top soil				11. Static water level: _____ mo./day/yr. <u>112</u> ft. below land surface Date <u>11/28/75</u>		
Brown clay				12. Pumping level below land surfaces: <u>122</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.		
Brown clay & fine sand with limestone streaks				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Brown sandy clay with limestone streaks				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade		
lost circulation				15. Well grouted? <u>yes</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>14</u> ft.		
Tan clay				16. Nearest source of possible contamination: ft. <u>15'</u> Direction <u>west</u> Type <u>corrall</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
Medium sand with tan clay				17. Pump: Manufacturer's name <u>Aermator</u> Model number <u>SD-19</u> HP <u>1 1/2</u> Volts <u>220</u> Length of drop pipe <u>172</u> ft. capacity <u>20</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other		
Sandy clay with gravel streaks				(Use a second sheet if needed)		
Tan clay and medium sand with limestone streaks						
Sandy clay with limestone streaks				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. Eriksen Windmill <u>252</u> Business name License No. Address <u>Meade, Kansas 67864</u> Signed _____ Date <u>12-18-75</u> Authorized representative		
Tan clay, blue clay & limestone streaks						
Blue clay & traces of black shale						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

37 280 10 NE SE NW
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1/4 1/4 1/4

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

Form WWC-5