

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 <b>Meade</b>	Fraction <b>SE 1/4 SE 1/4 NE 1/4</b>	Section number <b>24</b>	Township number <b>T 31 S R 28 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>1 1/2 north, 1 east, 2 north, 1 east &amp; 1/2 south of Meade</b>			3. Owner of well: <b>Don Hildebrand</b>			
Street address of well location if in city:			R.R. or street: <b>RFD</b>			
			City, state, zip code: <b>Fowler, Kansas 67844</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9 7/8</b> in. Completion date _____		
				Well depth <b>255</b> ft. <b>8-23-77</b>		
				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		
				9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>255</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>265</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____		
<b>Top soil</b>		<b>0</b>	<b>3</b>	<b>Jess &amp; Lowell</b>		
<b>Clay (some sand streaks)</b>		<b>3</b>	<b>200</b>	Type <b>PVC</b> Dia. <b>5"</b>		
<b>Med. sand</b>		<b>200</b>	<b>230</b>	Slot/gauge <b>1/8"</b> Length <b>60'</b>		
<b>Sandy clay &amp; limestone</b>		<b>230</b>	<b>260</b>	Set between <b>195</b> ft. and <b>255</b> ft. _____ ft. and _____ ft.		
				Gravel pack? <b>Yes</b> Size range of material <b>1/64-5/32</b>		
				11. Static water level: _____ mo./day/yr. <b>72</b> ft. below land surface Date <b>8/12/77</b>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <b>XX</b> Pitless adapter <b>Unit</b> _____ Inches above grade		
				15. Well grouted? <b>Yes</b> With: <b>XX</b> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>14</b> ft.		
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>south</b> Type <b>Corralls</b> Well disinfected upon completion? <b>XX</b> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <b>Aermotor</b> Model number <b>SD12</b> HP <b>1/2</b> Volts <b>220</b> Length of drop pipe <b>140</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			<b>Friesen Windmill</b> <b>252</b> Business name License No. Address <b>Meade, Kansas 67864</b> Signed <i>Jak Friesen</i> Date <b>9-7-77</b> Authorized representative			

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 28  
 24  
 SESENE  
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5