

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 36	Township number T 31 S R 29	Range number 29																																	
X Distance and direction from nearest town or city: Street address of well location if in city: 1/4 S. Missler			3. Owner of well: Wallace McCune R.R. or street: Missler, Kansas City, state, zip code: Meade, Kansas 67864																																			
4. Locate with "X" in section below: Sketch map: 		6. Bore hole dia. 9 7/8 in. Completion date _____ Well depth 290 ft. 3-23-76																																				
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td>Top soil</td><td>0</td><td>12</td></tr> <tr><td>Tan clay</td><td>12</td><td>25</td></tr> <tr><td>Sandy tan & white clay with limestone</td><td>25</td><td>88</td></tr> <tr><td>Med. to lar. sand & gravel</td><td>88</td><td>112</td></tr> <tr><td>Med. to lar. sand & gravel with rocks</td><td>112</td><td>134</td></tr> <tr><td>Med. to lar. sand with yellow clay</td><td>134</td><td>150</td></tr> <tr><td>Med. to lar. sand & gravel</td><td>150</td><td>190</td></tr> <tr><td>Yellow clay</td><td>190</td><td>194</td></tr> <tr><td>Med. to lar. sand & gravel</td><td>194</td><td>282</td></tr> <tr><td>Med. to lar. sand & gravel (cemented streaks)</td><td>282</td><td>292</td></tr> </tbody> </table>			From	To	Top soil	0	12	Tan clay	12	25	Sandy tan & white clay with limestone	25	88	Med. to lar. sand & gravel	88	112	Med. to lar. sand & gravel with rocks	112	134	Med. to lar. sand with yellow clay	134	150	Med. to lar. sand & gravel	150	190	Yellow clay	190	194	Med. to lar. sand & gravel	194	282	Med. to lar. sand & gravel (cemented streaks)	282	292	7. 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			
	From	To																																				
Top soil	0	12																																				
Tan clay	12	25																																				
Sandy tan & white clay with limestone	25	88																																				
Med. to lar. sand & gravel	88	112																																				
Med. to lar. sand & gravel with rocks	112	134																																				
Med. to lar. sand with yellow clay	134	150																																				
Med. to lar. sand & gravel	150	190																																				
Yellow clay	190	194																																				
Med. to lar. sand & gravel	194	282																																				
Med. to lar. sand & gravel (cemented streaks)	282	292																																				
		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>403</u> lbs./ft. Dia. <u>6</u> in. to <u>290</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth page No. <u>316</u>																																				
		10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>6"</u> Slot/gauze <u>1/8"</u> Length <u>100'</u> Set between <u>190</u> ft. and <u>290</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>3/16"</u>																																				
		11. Static water level: _____ mo./day/yr. <u>155</u> ft. below land surface Date <u>3/6/76</u>																																				
		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: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade																																				
		15. Well grouted? <input checked="" type="checkbox"/> yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>14</u> ft.																																				
		16. Nearest source of possible contamination: ft. <u>35</u> Direction <u>west</u> type <u>old well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																				
		17. Pump: _____ Not installed Manufacturer's name <u>Aermotor (used)</u> Model number <u>SD12</u> HP <u>1 1/2</u> Volts <u>220</u> Length of drop pipe <u>210</u> ft. capacity <u>10</u> 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																																				
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: (Use a second sheet if needed)		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. Friesen Windmill & Supply 252 Business name License No. _____ Address <u>Meade, Kansas 67864</u> Signed <u>[Signature]</u> Date <u>4-2-76</u> Authorized representative																																		

67864
 100
 31
 29
 36
 1/4 1/4 1/4
 NESEW

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

Form WWC-5