

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>B NW 1/4</b> <b>D SE 1/4</b> <b>C SW 1/4</b>	Section number <b>21</b>	Township number <b>T 32</b> <b>S</b>	Range number <b>R 27</b> <b>E 1/4</b>
2. Distance and direction from nearest town or city: <b>From Meade, 3 east on U.S. 160, 3 south &amp; 1/4 east</b> Street address of well location if in city:			3. Owner of well: <b>David J. Reimer</b> R.R. or street: City, state, zip code: <b>Meade, Kansas 67864</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>220</b> ft. <b>5-17-77</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		
5. Type and color of material		From	To	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		
<b>Top soil</b>		<b>0</b>	<b>7</b>	9. Casing: Material <b>PVC</b> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>220</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>.265</b>		
<b>Green clay</b>		<b>7</b>	<b>18</b>	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/groove <b>fine</b> Length <b>80</b> Set between <b>140</b> ft. and <b>220</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>#1 fine</b>		
<b>Lost circulation</b>		<b>18</b>	<b>225</b>	11. Static water level: _____ mo./day/yr. <b>140</b> ft. below land surface Date <b>5/11/77</b>		
				12. Pumping level below land surfaces: <b>148</b> ft. after <b>8</b> hrs. pumping <b>15</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>30+</b> 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 <input type="checkbox"/> Unit _____ Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> Yes With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>14</b> ft.		
				16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>West</b> Type <b>old well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
				17. Pump: _____ Not installed Manufacturer's name <b>Aermotor</b> Model number <b>SD12</b> HP <b>1</b> Volts <b>220</b> Length of drop pipe <b>195</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other		
				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. <b>Friesen Windmill</b> <b>252</b> Business name License No. Address <b>Meade, Kansas 67864</b> Signed <i>John Friesen</i> Date <b>6-22-77</b> Authorized representative		
18. Elevation: <b>2522</b> Topography: <i>FW</i> ____ Hill ____ Slope <input checked="" type="checkbox"/> Upland ____ Valley		19. Remarks: <b>Abandoned &amp; plugged.</b> <b>MNC</b> <b>2522</b> <b>140</b> <b>2382</b>				

32 270 21 NW SE SW  
1/4 1/4 1/4

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

Form WWC-5