

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

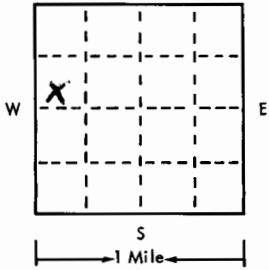

WINDSATS
NE

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

BCC

1 Location of well:	County <u>Meade</u>	Township name <u>Logan</u>	Fraction <u>SW corner of NW 1/4</u>	Section number <u>22</u>	Town number <u>32</u>	Range number <u>27</u>
Distance and direction from nearest town or city: <u>5 mi E 2 1/2 S</u>				3 Owner of well: <u>Hes D Primer</u>		
Street address of well location if in city:				Address: <u>Meade Kansas</u>		
Locate with "X" in section below: N  W X E S 1 Mile				Sketch map: 		
2				4 Well depth: <u>216</u> ft. Date of completion _____ Well diameter <u>5</u> in.		
Type and color of material				5 <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		
From To				6 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"/> Commercial <input type="checkbox"/> Test well		
<u>Gray Clay</u>				7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
<u>White "</u>				8 Screen: <u>Sunflower</u> Manufacturer _____ Type <u>320</u> Dia. <u>5</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>206</u> ft. and <u>216</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>4-8</u>		
<u>Sand</u>				9 Static water level: <u>162</u> ft. below land surface Date <u>8-27</u>		
<u>Light gray Clay</u>				10 Pumping level below land surfaces: <u>180</u> ft. after <u>2</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
<u>coarse sand</u>				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>gravel</u>				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
<u>Clay + gravel</u>				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>18</u> ft. to <u>4</u> ft.		
<u>Clay</u>				14 Nearest source of possible contamination: ft. <u>1500</u> Direction <u>NW</u> Type <u>Septic Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Red shale</u> <u>BR 2 1/2</u> <u>th</u>				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>9+W</u> Model number _____ HP <u>1HP</u> Volts <u>230</u> Length of drop pipe <u>208</u> ft. capacity <u>10</u> g.m.p. 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)				17 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. <u>Bertil Doly</u> <u>101A</u> Business name _____ License No. _____ Address <u>Meade Kans</u> Signed <u>Hes P Barte</u> Date <u>9-3-75</u> Authorized representative		
16 Remarks: elevation						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley <u>2525</u> <u>102</u> <u>216</u>						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5