

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

CWW Inv. #12557

1. Location of well:		County <b>Meade</b>	Fraction <b>1/4 1/4 CNE 1/4</b>	Section number <b>2</b>	Township number <b>T 32 S R 28 E/W</b>	Range number <b>28</b>
2. Distance and direction from nearest town or city: <b>From Meade, Ks. go 1 mi. No. - 1/2 mi. Ea. - 1/4 mi. So. - East</b> Street address of well location if in city: <b>to location.</b>			3. Owner of well: <b>Mr. Kobb</b> R.R. or street: <b>Route #1</b> City, state, zip code: <b>Meade, Kansas 67861</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>8/2</u> Well depth <u>200</u> ft.		
				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		
Surface		0	2	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>200</u> ft. depth gage No. <u>265</u>		
Medium to large sand		2	20	10. Screen: Manufacturer's name _____ <b>Sawed Perf.</b> Type <u>03 PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>90'</u> Set between <u>100</u> ft. and <u>190</u> ft. _____ ft. and _____ ft.		
Clay, Fine sand & med. to lge. sand		20	40	Gravel pack? <u>yes</u> Size range of material <u>1/8-3/16</u>		
Clay		40	60	11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>8/2/76</u>		
Clay, Fine sand & med. to lge. sand		60	90	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.		
Clay, Gravel		90	120	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Clay, Fine sand & med. to lge. sand		120	160	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> inches above grade		
Clay, Fine Sand & med. to lge. sand		160	200	15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
(Use a second sheet if needed)				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NE</u> Type <u>oil well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input 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:	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. <b>Carlile Water Well Service, 118</b> Business name _____ License No. _____ Address <u>Box 275, Liberal, Ks.</u> Signed <u>Edward E. Means</u> Date <u>8/13</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 32 S R 28 E/W  
 Sec 2  
 1/4 1/4 1/4

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

Form WWC-5