

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 SW 1/4 NE 1/4 NW 1/4	Section number 1	Township number T 32 S R 29 E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:		5 miles west of Meade, Kansas		3. Owner of well: R.R. or street: City, state, zip code:	
				Wallace McCune RFD Meade, Kansas 67864	
4. Locate with "X" in section below: N		Sketch map:		6. Bore hole dia <u>9 7/8</u> in. Completion date _____ Well depth <u>255</u> ft. <u>10-07-77</u>	
				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	
5. Type and color of material		From	To	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 checked="" type="checkbox"/> Weight <u>2.8</u> lbs./ft. Dia. <u>5</u> in. to <u>255</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>265</u>	
Top soil		0	5	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauge <u>1/8"</u> Length <u>60'</u> Set between <u>195</u> ft. and <u>225</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/64 to 5/32</u>	
Clay		5	24	11. Static water level: _____ mo./day/yr. <u>143</u> ft. below land surface Date <u>8/4/77</u>	
Med. to lar. sand & gravel		24	52	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.	
Sandy clay		52	70	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Med. to lar. sand & gravel		70	91	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>Unit</u> _____ Inches above grade	
Sandy clay		91	100	15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>14</u> ft.	
Clay with rocks		100	110	16. Nearest source of possible contamination: ft. <u>50</u> Direction <u>east</u> Type <u>pond</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Med. to lar. sand & gravel		110	130	17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</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	
Med. to lar. sand with clay streaks		130	200		
Med. to lar. sand & gravel		200	220		
Blue clay with sand streaks		220	260		
		(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. <u>Friesen Windmill</u> <u>252</u> Business name License No. Address <u>Meade, Kansas 67864</u> Signed <u>[Signature]</u> Date <u>10-19-77</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

32 29 W
1
1/4 1/4 1/4
Surrender

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

Form WWC-5