

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: <u>Meade</u>	X Fraction: <u>SW 1/4 SW 1/4 SE 1/4</u>	Section number: <u>13</u>	Township number: T <u>32</u> S R <u>29</u> E/W	Range number: <u>29</u>
X Distance and direction from nearest town or city: Street address of well location if in city: <u>25-4 1/2 W - Meade</u>			X Owner of well: <u>Sanders Ranch</u> R.R. or street: City, state, zip code: <u>Meade, Mo.</u>			
X Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8 1/4</u> in. Completion date _____ Well depth <u>98</u> ft. <u>5-13-76</u>		
				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		
5. Type and color of material		From	To	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		
<u>Top soil</u>		<u>1</u>	<u>5</u>	9. Casing: Material <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>98</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>1607#</u>		
<u>Sand + Gravel</u>		<u>5</u>	<u>15</u>	10. Screen: Manufacturer's name <u>Sunflow</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>20</u> Set between <u>78</u> ft. and <u>98</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/2</u>		
<u>Rock</u>		<u>15</u>	<u>16</u>	11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>5-13-76</u>		
<u>Clay</u>		<u>16</u>	<u>23</u>	12. Pumping level below land surfaces: <u>18</u> ft. after <u>12</u> hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.		
<u>Sand + gravel</u>		<u>23</u>	<u>95</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
<u>Clay</u>		<u>95</u>	<u>98</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> Inches above grade <input checked="" type="checkbox"/> Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>dry Sand Creek</u> ft. <u>300</u> Direction <u>S 20° W</u> Type <u>dry Sand Creek</u> Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				17. Pump: _____ Not installed Manufacturer's name <u>6' Amstar Mill</u> Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <u>2" Cylinder</u> <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:		(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. <u>Reid Doly</u> <u>A 101</u> Business name _____ License No. _____ Address <u>Meade, Kans</u> Signed <u>Reid A. Doly</u> Date <u>5-30-76</u> Authorized representative		
19. Remarks: <u>15' 8" base cement around casing</u>						

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

Form WWC-5