

USE TYPEWRITER OR BALL
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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>		Fraction <u>NE 1/4 SW 1/4 NE 1/4</u>		Section number <u>30</u>	Township number <u>T 33 S</u>		Range number <u>R 28 E/W</u>	
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <u>Charles Hissom</u> R.R. or street: City, state, zip code: <u>Meade, Kansas 67864</u>				
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. <u>9 7/8</u> in. Completion date _____ Well depth <u>126</u> ft. <u>1-20-77</u>				
5. Type and color of material				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				
From To				9. Casing: Material <u>PVC</u> Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.8</u> lbs./ft. Dia. <u>5</u> in. to <u>126</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>.265</u>				
				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>40'</u> Set between <u>50</u> ft. and <u>126</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Range of material <u>3/16"</u>				
Top soil				0	2	11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>1/7/77</u>		
Med. to lar. sand				2	12	12. Pumping level below land surfaces: <u>72</u> ft. after <u>2</u> hrs. pumping <u>5</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>5+</u> g.p.m.		
Blue clay				12	40	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Med. to lar. sand				40	45	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
Blue clay				45	70	15. Well grouted? <u>yes</u> 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.		
Med. to lar. sand				70	78	16. Nearest source of possible contamination: ft. <u>1320</u> Direction <u>south</u> Type <u>old well</u> Well disinfected upon completion? <u>yes</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Blue clay with red clay				78	90	17. Pump: _____ Not installed Manufacturer's name <u>Erected His Tower & Mill-Dempster</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>63</u> ft. capacity <u>2</u> 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 checked="" type="checkbox"/> Other		
(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>Friesen Windmill</u> <u>252</u> Business name License No. Address <u>Meade, Kansas 67864</u> Signed <u>John Friesen</u> Date <u>2-21-77</u> Authorized representative		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks:						

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

Form WWC-5