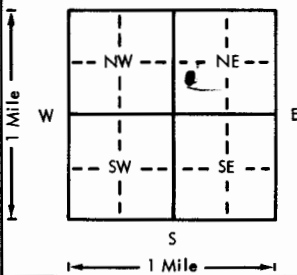



USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

X. Location of well:		County <b>MEADE</b>	Fraction <b>NW 1/4 SW 1/4 NE 1/4</b>	Section number <b>3</b>	Township number <b>T 33 S</b>	Range number <b>R 29 E/W</b>
2. Distance and direction from nearest town or city: <b>6 mi SW</b> <b>7 W - 5 1/2 S of Meade</b>		3. Owner of well: <b>Irvin Atchinson</b> R.R. or street: City, state, zip code: <b>Meade, Kansas 67864</b>				
4. Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. <b>8 1/2</b> in. Completion date <b>2-10-77</b> Well depth <b>160</b> ft.		
5. Type and color of material		From		To		
		Sand		1 10		
		Clay		10 30		
		Sand Rock		30 35		
		Clay		35 50		
		Gravel		50 65		
		Clay		65 80		
Gravel		80 160				
(Use a second sheet if needed)				10. Screen: Manufacturer's name <b>Sunflower</b> <b>Plastic Pipe Inc.</b> Type <b>Styrene</b> Dia. <b>5 1/2</b> Slot/gauze <b>1/16</b> Length <b>20'</b> Set between <b>160</b> ft. and <b>160</b> ft. Gravel pack? <b>yes</b> Size range of material <b>1/4 - 1/2</b>		
		11. Static water level: <b>95</b> ft. below land surface Date <b>2-10-77</b>				
		12. Pumping level below land surfaces: <b>125</b> ft. after <b>0</b> hrs. pumping <b>0</b> g.p.m. <b>0</b> ft. after <b>0</b> hrs. pumping <b>0</b> g.p.m. Estimated maximum yield <b>25</b> g.p.m.				
		13. Water sample submitted: <b>0</b> mo./day/yr. <b>Yes</b> <b>X</b> No Date <b>2-10-77</b>				
		14. Well head completion: <b>0</b> Pitless adapter <b>20</b> inches above grade				
		15. Well grouted? <b>Yes</b> With: <b>Neat cement</b> <b>0</b> Bentonite <b>X</b> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.				
		16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>S</b> Type <b>Lake</b> Well disinfected upon completion? <b>X</b> Yes <b>0</b> No				
		17. Pump: Manufacturer's name <b>0</b> Model number <b>0</b> HP <b>0</b> Volts <b>0</b> Length of drop pipe <b>0</b> ft. capacity <b>0</b> g.p.m. Type: <b>0</b> Submersible <b>0</b> Turbine <b>0</b> Jet <b>0</b> Reciprocating <b>0</b> Centrifugal <b>X</b> Other				
18. Elevation:		19. Remarks: <b>Refer to No. 12</b> <b>Well is pumped by Windmill</b>		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>Bartel Dwyer</b> <b>101A</b> Business name <b>Meade Kans</b> License No. <b>0</b> Address <b>0</b> Signed <b>Peter R Bartel</b> Date <b>2-10-77</b> Authorized representative		

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

Form WWC-5