			WATER WELL F	RECORD	Form WWC-5						
_	ON OF WAT		Fraction	_		tion Number			Range Number		
County:	Mea	de		E 1/4	NW 1/4	15	т 33	S	R 29 x /W		
Distance and direction from nearest town or city street address of well if located within city? 8 South, 6 West, 3/4 Northwest of Meade, Kansas WATER WELL OWNER: Kansas Fish & Game Comm.											
2 WATER	R WELL OW	-									
_	Address, Box			olland W			Board of A	ariculture (Division of Water Resources		
City, State, ZIP Code : Box 54 A, Pratt, Ks. 67124 Application Number:											
LOCATE		OCATION WITH 4	DEPTH OF COMPLETE	D WELL	20.7	. ft. ELEVA	TION: Up]	and			
ī ſ		1 ID	ELL'S STATIC WATER I	LEVEL 30	O ft. b	elow land sur	face measured on	mo/day/yr			
-	- NW	. [5	st. Yield 30 gpm	: Well wate	r was	ft. a	fter	hours pu	mping gpm		
₩ W -	_		· ·						. to		
2	-	! "	/ELL WATER TO BE US		5 Public wate		8 Air conditioning				
1 -	- SW	SE							Other (Specify below)		
	! !	! ,,	•								
Ŧ L			vas a chemica/bacteriolog nitted	licai sampi e s	submitted to De						
5 TYPE C	OF BLANK C	ASING USED:		ht iron	8 Concre				. XX Clamped		
1 Ste		3 RMP (SR)	_						i i		
XX PV	C	4 ABS	7 Fiberg	lass							
Blank casin	ng diameter	in	. to 1.87 ft.,	Dia	in. to		ft., Dia		in. to ft.		
Casing hei	ght above la	and surface	. 24 in., weigh	nt 2.48		Ibs./	ft. Wall thickness	or gauge N	o •265		
TYPE OF	SCREEN O	R PERFORATION									
1 Ste	eel	3 Stainless s	teel 5 Fiberg						1		
2 Bra	ass	4 Galvanized	steel 6 Concre					٠.	,		
		4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) ERFORATION OPENINGS ARE: 5 Gauzed wrapped XX8 Saw cut 11 None (open hole) Dus slot 3 Mill slot 6 Wire wrapped 9 Drilled holes d shutter 4 Key punched 7 Torch cut 10 Other (specify)									
	ntinuous slo	ERFORATION OPENINGS ARE: 5 Gauzed wrapped XXX8 Saw cut 11 None (open hole) ous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes of shutter 4 Key punched 7 Torch cut 10 Other (specify)									
	uvered shutt	-									
SCREEN-F	PERFORATE	ED INTERVALS:	From	ft. to		ft., Fro	m <i></i>	ft. t	o		
G	RAVEL PA	CK INTERVALS:							1		
al apaur		WW NI I									
	MATERIAL										
		•		ft. to ft., From ft. to ft. 2 Cement grout 3 Bentonite 4 Other ft., From							
i	wer lines	5 Cess pool 8 Sewage lagoon 12 Fertilizer storage XX6 Other (specify below)						ther (specify below)			
i	The state of the bound Daniel										
Direction for	_		East	•				20			
FROM	ТО		LITHOLOGIC LOG		FROM	ТО		LITHOLOG	IC LOG		
0	3	Topsoil									
3	8	Clay			-						
8	30		w/Clay Streaks								
30	95	Med. Sand									
95	110	Blue Clay	w/Layer Blue Ba	$\frac{nd}{d}$		-					
110	120	Fine Sand		(OV)							
120	135	Med. Sand									
135	165	Blue Clay							1.		
165	175	Fine Sand									
175	198	Med. Sand			_						
198	200	Yellow Cla									
200	220	Blue Clay	& Black Shale	(/ //							
						l					
7 CONTR	RACTOR'S	OR LANDOWNER'S	CERTIFICATION: This	5 Fiberglass 8 RMP (SR) 11 Other (specify) 6 Concrete tile 9 ABS 12 None used (open hole) 5 Gauzed wrapped 4 XXB Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 11 None (open hole) 6 Wire wrapped 9 Drilled holes 11 None (open hole) 6 Wire wrapped 9 Drilled holes 11 None (open hole) 6 Wire wrapped 9 Drilled holes 11 None (open hole) 6 Wire wrapped 9 Drilled holes 11 None (open hole) 6 Wire wrapped 9 Drilled holes 11 None (open hole) 7 None Note Note Note Note Note Note Note Not							
completed	NTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was led on (mo/day/year) March .18, .1983										
Water Wel	Contractor	s License No	252	This Water W	ell Record wa	s completed	on (mo/day/	March 2	24. , .1983		
INSTRUC	business na TIONS: Use	me of Friesen typewriter or ball po	Windmill & Suppoint pen, PLEASE PRESS	oly Inc.	d <u>PRINT</u> clear	by (signa y. Please fill į	ture)	or circle th	e correct answers. Send top		
three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.											
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