

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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>Center</u> 1/4 1/4 SW 1/4	Section number <u>32</u>	Township number <u>T 33</u>	Range number <u>S 30 E/W</u>
2. Distance and direction from nearest town or city: <u>From Plains, Ks.</u>			3. Owner of well: <u>Wendell Foy</u>			
Street address of well location if in city: <u>95 1 3/4 W 1/4 N</u>			R.R. or street: <u>611 Indiana</u>			
			City, state, zip code: <u>Plains, Kansas 67469</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>1-3-76</u> Well depth <u>352</u> ft.		
				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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input 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>3/4"</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 type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>1 1/2</u> in. to <u>152</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <u>1219</u>
						10. Screen: Manufacturer's name <u>1 1/4" Brown</u> Type <u>6 1/2" 10 1/2"</u> Dia. <u>16"</u> Slot/gauze <u>Punched</u> Length <u>160' 40'</u> Set between <u>152</u> ft. and <u>312</u> ft. <u>312</u> ft. and <u>352</u> ft. Gravel pack? <input type="checkbox"/> Size range of material <u>1</u>
Surface		0		91		11. Static water level: <u>160</u> ft. below land surface Date <u>1-7-76</u> mo./day/yr.
Med Sand		91		211		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.
Fine to Med Sand		211		271		13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____
Med Sand w/ clay streaks		271		301		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
Med Sand w/ rock strips		301		310		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
Fine to Med Sand gravel Tan clay		310		352		16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ No
						17. Pump: Not installed Manufacturer's name <u>Customer</u> Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
						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>Leaves Drilling Co</u> <u>257</u> Business name License No. Address <u>Box 187 Liberal, KS</u> Signed <u>M. J. Jones</u> Date <u>3-1-76</u> Authorized representative
18. Elevation:		19. Remarks: <u>Customer poured slab</u>				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5