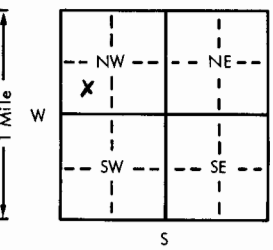


USE TYPEWRITER OR BALL  
POINT PEN—PRESS FIRMLY,  
PRINT CLEARLY.

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: <b>Meade</b>		County <b>NE 1/4 SW 1/4 NW 1/4</b>		Section number <b>7</b>		Township number <b>34</b>		Range number <b>26</b>	
2. Distance and direction from nearest town or city: <b>20 miles SE of Meade</b>				3. Owner of well: <b>Melvin Beutler</b>					
Street address of well location if in city:				R.R. or street: City, state, zip code: <b>Meade, Kansas</b>					
4. Locate with "X" in section below: 				Sketch map:		6. Bore hole dia. <b>9 7/8</b> in. Completion date <b>12-21-78</b> Well depth <b>260</b> ft.			
5. Type and color of material				From		To		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	
Top Soil				0		7		9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>4.0</b> lbs./ft. Dia. <b>6</b> in. to <b>160</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>316</b>	
Fine Sandy clay-limestone streaks				7		145		10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>PVC</b> Dia. <b>6"</b> Slot/gauze <b>reg. 1/4"</b> Length <b>40'</b> Set between <b>120</b> ft. and <b>160</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <b>Yes</b> Size range of material <b>1/8 - 3/16</b>	
Red Bed				145		163		11. Static water level: <b>140</b> ft. below land surface Date <b>12/14/78</b>	
set 6" casing 160'						163		12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
Red Bed				163		260		13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/>	
5 1/2" open hole to 260'								14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
								15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>30</b> ft.	
								16. Nearest source of possible contamination: ft. <b>10</b> Direction <b>E</b> Type <b>old well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: Manufacturer's name <b>Customers Windmill</b> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <b>160</b> ft. capacity <b>3</b> 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	
18. Elevation: <b>2440</b>				19. Remarks: <b>2440</b> <b>140</b> <b>2360</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>Friesen Windmill</b> <b>252</b> Business name License No. Address <b>Meade, Kansas 67864</b> Signed <b>John L. Friesen</b> Date <b>2-22-79</b> Authorized representative			

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

Form WWC-5

**M1-1023**