

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>SE 1/4 NE 1/4 NW 1/4</u>		Section number <u>11</u>	Township number <u>T 34 S</u>	Range number <u>R 28 E (W)</u>
2. Distance and direction from nearest town or city: <u>13 mi S of Meade</u>				3. Owner of well: <u>Delbert Davis</u>		
Street address of well location if in city:				R.R. or street:		
				City, state, zip code: <u>Meade Kansas 67864</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>1 1/2</u> in. Completion date <u>9/17/78</u>		
				Well depth <u>120</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 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		
				9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>300</u> lbs./ft. Dia. <u>5</u> in. to <u>120</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>120</u> ft. depth gage No. <u> </u>		
5. Type and color of material		From To		10. Screen: Manufacturer's name <u>Pumpco</u>		
<u>topsoil</u>		<u>0 5</u>		Type <u>PVC</u> Dia. <u>5"</u>		
<u>fine sand</u>		<u>6 60</u>		Slot/gauze <u>1/8"</u> Length <u>20'</u>		
<u>white clay</u>		<u>61 75</u>		Set between <u>100</u> ft. and <u>130</u> ft.		
<u>gravel</u>		<u>76 93</u>		ft. and <u> </u> ft.		
<u>red bed</u>		<u>94 120</u>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 + 1/4"</u>		
				11. Static water level: <u>51</u> ft. below land surface Date <u>9/15/78</u>		
				12. Pumping level below land surfaces: <u>96</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m.		
				<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.		
				Estimated maximum yield <u>30</u> g.p.m.		
				13. Water sample submitted: <u> </u> mo./day/yr.		
				<u> </u> Yes <input checked="" type="checkbox"/> No <u> </u> Date <u> </u>		
				14. Well head completion: <u>24</u> inches above grade		
				<input checked="" type="checkbox"/> Pitless adapter <u> </u>		
				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.		
				16. Nearest source of possible contamination: <u>300</u> ft. Direction <u>E+W</u> Type <u>Dam</u>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <u>See Remarks</u> Not installed		
				Manufacturer's name <u> </u>		
				Model number <u> </u> HP <u> </u> Volts <u> </u>		
				Length of drop pipe <u> </u> ft. capacity <u> </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 type="checkbox"/> Other		
18. Elevation: <u>2330</u> ftm		19. Remarks: <u>2" pipe with 1 1/2" working barrel</u>		20. Water well contractor's certification:		
Topography: <u> </u> Hill <u> </u> Slope <u> </u> Upland <u> </u> Valley		<u>2330</u> <u>2279</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
				<u>Delbert Davis</u> 101 A		
				Business name <u>Meade Ks</u> License No. <u> </u>		
				Address <u> </u>		
				Signed <u>Delbert Davis</u> Date <u>9-26-78</u>		
				Authorized representative		

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

Form WWC-5