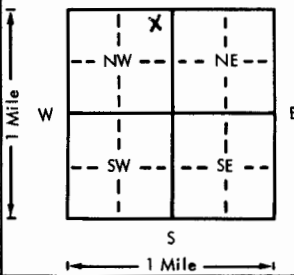
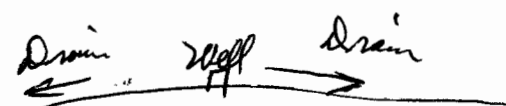


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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:		County <u>Meade</u>	Section number <u>18</u>	Township number <u>34</u>	Range number <u>28</u>	E/W <u>E</u>
2. Distance and direction from nearest town or city: <u>8-8 3-W 5-8</u> Street address of well location if in city: <u>of Meade</u>			3. Owner of well: <u>Bob Feldman</u> R.R. or street: <u>myrt Meade Ks</u> City, state, zip code: <u>Myrt Meade Ks</u>			
X Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8.75</u> in. Completion date <u>10-20-75</u> Well depth <u>230</u> ft.		
				7. <input checked="" 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		
5. Type and color of material		From	To	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		
<u>Sandy Clay</u>		<u>0</u>	<u>20</u>	9. Casing: Material <u>PE</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 <u>320</u> lbs./ft. Dia. <u>5</u> in. to <u>230</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>230</u> ft. depth gauge No. <u>320</u>		
<u>Brown</u>		<u>20</u>	<u>158</u>	10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>1/2"</u> Dia. <u>5"</u> Slot/gauze <u>1/2"</u> Length <u>20</u> Set between <u>210</u> ft. and <u>230</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____		
<u>Sand</u>		<u>158</u>	<u>160</u>	11. Static water level: _____ mo./day/yr. <u>180</u> ft. below land surface Date <u>10-17-75</u>		
<u>Sandy Clay</u>		<u>160</u>	<u>182</u>	12. Pumping level below land surfaces: <u>178</u> ft. after <u>2</u> hrs. pumping <u>12</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.		
<u>Sand & gravel</u>		<u>182</u>	<u>195</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
<u>Clay</u>		<u>195</u>	<u>205</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
<u>Gravel - C-</u>		<u>205</u>	<u>230</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>2</u> ft. to <u>0</u> ft. <u>0-10</u>		
<u>Red. Schale</u>		<u>230</u>		16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>F+W</u> Model number <u>5F15</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>100</u> ft. capacity <u>5</u> g.p.m. Type: <input checked="" 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>2915</u> ftm		19. Remarks: <u>(10) 1 mile any direction</u>		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>Bertel Dr</u> <u>101A</u> Business name _____ License No. _____ Address <u>Meade Ks</u> Signed <u>Bob P. Bartel</u> Date <u>10-30-75</u> Authorized representative		

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

Form WWC-5