

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 <b>Meade</b>	Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>	Section number <b>18</b>	Township number <b>T 35 S R</b>	Range number <b>30</b> <span style="float:right">E/W</span>
2. Distance and direction from nearest town or city: <b>17 S. Plains 2 1/4 W 1/4 S</b> Street address of well location if in city:			3. Owner of well: <b>T. A. Mohler</b> R.R. or street: <b>RR</b> City, state, zip code: <b>Meade, Kansas 67864</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>4/14/81</u> Well depth <u>280</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	
				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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material				9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>14</u> in. RMP <u>pvc</u> <u>glued</u> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>180</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>0258</u>	
		From		To	
<b>Overburden</b>		0		100	
<b>blue clay</b>		100		140	
<b>medium to coarse sand</b>		140		220	
<b>medium sand &amp; clay streaks</b>		220		260	
<b>medium to coarse sand</b>		260		280	
				10. Screen: Manufacturer's name _____ <b>Lone Star</b> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>100'</u> Set between <u>180</u> ft. and <u>280</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8</u>	
				11. Static water level: _____ mo./day/yr. <u>100</u> ft. below land surface Date <u>4/14/81</u>	
				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.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ <u>14</u> Inches above grade	
				15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
				16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>Pioneer</u> Model number <u>B7032KA</u> HP <u>7 1/2</u> Volt <u>230</u> Length of drop pipe <u>210</u> ft. capacity <u>60</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	
		(Use a second sheet if needed)			
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>16. well drilled in pasture</b> <b>17. pump was used for 14 days then pulled-well was capped.</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>T&amp;W Water Well Service 142</b> Business name License No. _____ Address <b>Box 816 Liberal Ks 67901</b> Signed <u>[Signature]</u> Date <u>4/30/81</u> Authorized Representative	

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

Form WWC-5