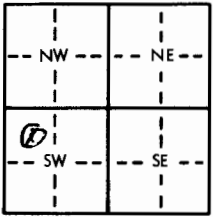


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

Smith A-1 CWW INV 12609

1. Location of well:	County <b>Scott</b>	Fraction 1/4 NW 1/4 SW 1/4	Section number <b>25</b>	Township number T <b>19</b> S <b>33</b> E <b>W</b>	Range number <b>33</b>
2. Distance and direction from nearest town or city: <u>1/2 west of Shallowater, south to loc.</u> <small>Street address of well location if in city:</small>			3. Owner of well: <b>Sage Drilling Company</b> R.R. or street: <b>500 Bitting Bldg.</b> City, state, zip code: <b>Wichita, Kansas 67202</b>		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="flex: 1;">  <p style="font-size: small;">N W                  E S 1 Mile</p> </div> <div style="flex: 2;"> <p style="text-align: center;">Sketch map: <i>Sw of Shallowater</i> <i>Location</i>  <i>83 Hwy</i>  <i>Harlan City</i></p> </div> </div>			6. Bore hole dia. <u>9</u> in. Completion date <u>8-17-76</u> Well depth <u>165</u> ft.		
5. Type and color of material			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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>70</u> ft. depth Wall Thickness: _____ inches or Dia. <u>5</u> in. to <u>165</u> ft. depth gage No. <u>.265</u>		
			10. Screen: Manufacturer's name _____ <u>sawed perf.</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>.030</u> Length <u>90</u> Set between _____ ft. and _____ ft. <u>70</u> ft. and <u>160</u> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8 - 3/16</u>		
			11. Static water level: _____ ft. below land surface Date <u>8-19-76</u> mg./day/yr.		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.		
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____					
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ <u>28</u> Inches above grade					
15. Well grouted? <input checked="" type="checkbox"/> yes With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.					
16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>ne</u> Type <u>oilwell</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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					
(Use a second sheet if needed)			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>Carlile Water Well 118</b> Business name Address <b>Box 275, Liberal, Ks.</b> License No. _____ Signed <u>Edward E. Meyer</u> Date <u>8-26</u> Authorized representative		
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:				

T 19  
 R 33  
 E W  
 S 35  
 Sec  
 1/4 1/4 1/4  
 NUSC

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

Form WWC-5