

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

CWW Inv. #12800

1. Location of well:		County <b>Kearney</b>	Fraction <b>1/4 SE 1/4 NW 1/4</b>	Section number <b>32</b>	Township number <b>T 24 S R 36 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>From Lakin go 2 1/2 mi. So. - then We. along rr tracks to location.</b>				3. Owner of well: <b>Rains &amp; Williamson Oil Co.</b> R.R. or street: <b>435 Page Court, 220 W. Douglas</b> City, state, zip code: <b>Wichita, Kansas 67202</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <b>X 10/20/76</b> Well depth <u>140</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 checked="" 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		
Surface		0	2	9. Casing: Material _____ Height: <u>Above</u> 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>40</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>140</u> ft. depth gage No. <u>265</u>		
Clay & fine Sand 60-40		2	40	10. Screen: Manufacturer's name <u>Saved Peri.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>80'</u> Set between <u>40</u> ft. and <u>120</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>1/8-3/16</u>		
Med. to Lge. sand & gravel		40	60	11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>10/20/76</u>		
Med. to lge. sand		60	110	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>100</u> g.p.m.		
Clay, Med. to lge. sand		110	120	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Clay, Fine sand		120	140	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</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>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NE</u> Type <u>oilfield</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <u>XX</u> 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)				
18. Elevation:	19. Remarks:			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 _____ License No. _____ Address <u>Box 275, Liberal, KS</u> Signed <u>Edward E. Means</u> Date <u>11/76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5