

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

Finnup #1

CWW Inv. # 12353

1. Location of well:	County Gray	Fraction 1/4 1/4 C-SW4	Section number 33	Township number T 25 S R 29 E 17	Range number
2. Distance and direction from nearest town or city: 2 west of Ingalls and 1/4 south.			3. Owner of well: Rains & Williamson Oil Co., Inc.		
Street address of well location if in city:			R.R. or street: 435 Page Court, 220 West Douglas		
			City, state, zip code: Wichita, Kansas 67202		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>6-1</u> Well depth <u>160</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	
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 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: 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>80</u> ft. depth; Wall Thickness: inches or Dia <u>5</u> in. to _____ ft. depth; gage No. <u>265</u>	
Medium to large sand and gravel 80-20		20	25	10. Screen: Manufacturer's name _____ sawed perf. Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauze <u>.030</u> Length <u>80</u> Set between <u>80</u> ft. and <u>160</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8 to 3/16</u>	
Sandy clay		25	50	11. Static water level: _____ mo./day/yr. <u>28</u> ft. below land surface Date <u>6-1-76</u>	
Medium to large sand & sandy clay 80-20		50	100	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.	
Sandy clay		100	119	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Medium to large sand & sandy clay 80-20		119	160	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>oil well</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	
				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. Carlile Water Well 118 Business name _____ License No. _____ Address <u>Box 275, Liberal, Ks.</u> Signed <u>Edward E. Means</u> Date <u>6-23</u> Authorized representative	
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

25 220 33 1/4 1/4 C SW

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

Form WWC-5