

PERMIT #T79-27

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. #15530

Classen #1

| | | | | | |
|---|-----------------------|--|---|---|--------------|
| 1. Location of well: | County Gray | Fraction C 1/4 SE 1/4 NE 1/4 | Section number 17 | Township number T 27S S R 29W E/W | Range number |
| 2. Distance and direction from nearest town or city: From Montezuma 8 1/2 m North - 3 m West - 1 1/4 m South - West to location. | | | 3. Owner of well: Rains & Williamson Oil Co. R.R. or street: 435 Page Court, 220 W. 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 2-16- Well depth 260 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 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 | | | |
| | | 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>160</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>.265</u> | | | |
| | | 10. Screen: Manufacturer's name _____ <u>Sawed perf.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>100'</u> Set between <u>160</u> ft. and <u>260</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8-3/16</u> | | | |
| | | 11. Static water level: _____ mo./day/yr. <u>78</u> ft. below land surface Date <u>2/16/79</u> | | | |
| (Use a second sheet if needed) | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>2</u> _____ 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>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>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 | | | |
| | | 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 Serv. 118 Business name _____ License No. _____ Address <u>Box AA, Liberal, KS</u> Signed <u>Edward E. Mann</u> Date <u>2-22-79</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: _____ | | | |
| | | 20. Water well contractor's certification: (Continued) | | | |

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

Form WWC-5