

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. #14008

Miller #2

1. Location of well:	County Grant	Fraction 1/4 SE 1/4 NE 1/4	Section number 12	Township number T 29 S R 35 E/W	Range number
2. Distance and direction from nearest town or city: 3 3/4 mi. North - 3/4 mi, East - South to location.			3. Owner of well: Cities Service Oil Company R.R. or street: 3545 N.W. 58th Street City, state, zip code: Okla. City, OK 73112		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: <i>3 3/4 mi. No. Ryus</i> <i>3/4 East</i> <i>+ South to loc.</i>		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>11-11</u> Well depth <u>400</u> ft.
Surface			0	2	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
Fine sand			2	20	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
Sandy clay			20	40	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>295</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>400</u> ft. depth gage No. <u>.265</u>
Medium to large sand			40	290	10. Screen: Manufacturer's name _____ Sawed perf.
Sandy clay			290	340	Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>100'</u> Set between <u>295</u> ft. and <u>395</u> ft. _____ ft. and _____ ft.
Medium to large sand			340	400	Gravel pack? yes Size range of material <u>1/8-3/16</u>
					11. Static water level: _____ mo./day/yr. <u>300</u> ft. below land surface Date <u>11/11/77</u>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</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? 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
18. Elevation:			19. Remarks: <i>(Use a second sheet if needed)</i>		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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 Box 275, Liberal, KS Signed <u>Edward E. Means</u> Date <u>11/11/77</u> Authorized representative		

T 29 S R 35 E
 Sec 12
 1/4 1/4 1/4

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

Form WWC-5