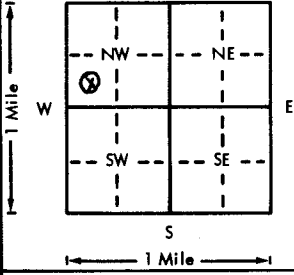


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

CWW # 11782 Unruh #1

1. Location of well:	County Kiowa	Fraction 1/4 SW 1/4 NW 1/4	Section number 26	Township number T 30 S	Range number R 18 W
2. Distance and direction from nearest town or city: County Line north of Coldwater, 2 miles north and 3 miles east. Street address of well location if in city:			Owner of well: Sage Drilling Company Rig #2 R.R. or street: 500 Bitting Bldg. City, state, zip code: Wichita, Kansas 67901		
4. Locate with "X" in section below: <div style="text-align: center;">  </div>			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>10-29-75</u> Well depth <u>240</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 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 <u>plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>28</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>175</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>240</u> ft. depth gage No. <u>.265</u>
Surface			0	2	
Grey Clay			2	95	
Brown Sandy clay			95	100	
Fine to medium sand			100	180	
Medium to large sand			180	220	
Medium to large sand & sandy clay 60-40			220	240	
					10. Screen: Manufacturer's name sawed perf. Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>.030</u> Length <u>60</u> Set between <u>175</u> ft. and <u>235</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 to 3/16</u>
					11. Static water level: _____ mo./day/yr. <u>110</u> ft. below land surface Date <u>10-29-75</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>45</u> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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>pil 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
18. Elevation:			19. Remarks:		
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 <u>Box 275, Liberal, Kansas</u> Signed <u>Edward E. Mean</u> Date <u>11-11-75</u> Authorized representative		

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

Form WWC-5