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

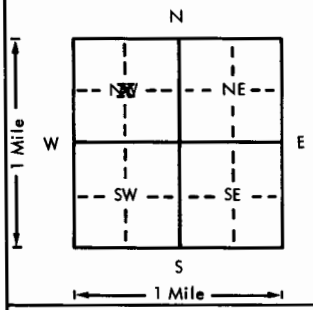
CWW Inv. #14027 Berkle #1

X Location of well:	County	Fraction	Section number	Township number	Range number
	Meade	1/4 1/4 CNW 1/4	15	T 30S S	R 28 W

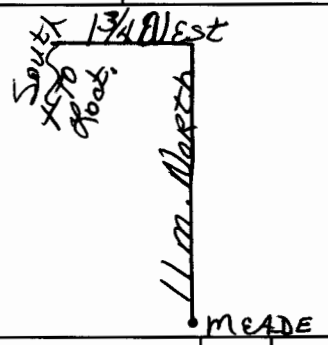
1. Distance and direction from nearest town or city: From Meade go 11m North - 1 3/4m West - South to Location.
Street address of well location if in city:

3. Owner of well: Rine Drilling Company
R.R. or street: Box 1226
City, state, zip code: Woodward, OK 73801

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 9 in. Completion date 11-14
Well depth 220 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or below
Threaded ____ Welded ____ Surface 28 in.
RMP ____ PVC X Weight 2.78 lbs./ft.
Dia. 5 in. to 115 ft. depth Wall Thickness: inches or
Dia. 5 in. to 220 ft. depth gage No. .265

5. Type and color of material	From	To
Surface	0	2
Sandy clay	2	20
Clay	20	70
Fine sand	70	100
Medium to large sand	100	220

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sawed perf.
Type PVC Dia. 5"
Slot/gauze ____ Length 100'
Set between 115 ft. and 215 ft.
____ ft. and ____ ft.
Gravel pack? yes Size range of material 1/8-3/16

11. Static water level: mo./day/yr.
80 ft. below land surface Date 11/14/77

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 50 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 28 Inches above grade

15. Well grouted? yes
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 100 Direction NE Type oilwell
Well disinfected upon completion? X Yes ____ No

17. Pump: X Not installed
Manufacturer's name
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

T 30 R 28 E (W) Sec 15 1/4 1/4 1/4 Cnw

18. Elevation:

Topography:
____ Hill
____ Slope
X Upland
____ Valley

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.
Carlile Water Well 118
Business name License No.
Address Box 275, Liberal, KS
Signed Edward E. Means Date 11-29-77
Authorized representative

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

Form WWC-5

MI-1023