

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

Drollier #2

CWW Inv. # 12654

1. Location of well:		County Grant	Fraction 1/4 SE 1/4 SE 1/4	Section number 5	Township number T 30 S R 35 E/W	Range number 35
2. Distance and direction from nearest town or city: Satanta, 7 west, 1/2 North.				3. Owner of well: Zenith Drilling Co. Rig #1 R.R. or street: Suite 600, 200 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>9-4-</u> Well depth <u>320</u> ft.		
		<p>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</p>		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		
5. Type and color of material		From	To	9. Casing: Material <input type="checkbox"/> 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>235</u> R. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>320</u> depth gauge No. <u>.265</u>		
Surface		0	2	10. Screen: Manufacturer's name <u>sawed perf.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>80</u> Set between <u>235</u> ft. and <u>315</u> ft. ft. and _____ ft.		
Sandy clay		2	80	Gravel pack? <u>yes</u> Size range of material <u>1/8 to 3/16</u>		
Clay, Fine sand & Med. to large sand		80	120	11. Static water level: _____ mo./day/yr. <u>206</u> ft. below land surface Date <u>9-4-76</u>		
Med. to large sand and clay 90-10		120	180	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.		
Clay, Med. to Large sand & Gravel		180	320	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: _____ 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: <u>100</u> ft. <u>NE</u> Direction <u>oil well</u> Type _____ 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		
				(Use a second sheet if needed)		
18. Elevation:		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. <u>Carlile Water Well 118</u> Business name _____ License No. _____ Address <u>Box 275, Liberal, Ks</u> Signed <u>Edward E. Means</u> Date <u>9-20</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				<p>320 350 5 SESE 1/4 1/4 1/4</p>		

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

Form WWC-5