

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

T R EW sec 1/4 1/4 1/4 No.

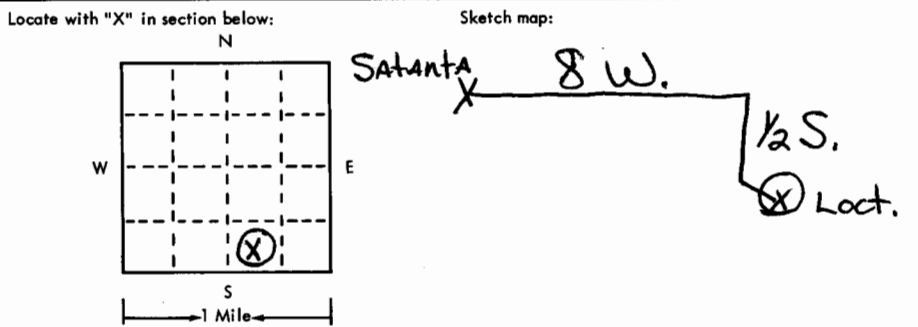
WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Christian #2 Inv. # 11053

1 Location of well:	County Grant	Township name	Fraction C-SW SE	Section number 21	Town number 30S	Range number 35W
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Distance and direction from nearest town or city: **8 Miles West & 1/2 Mile South of Satanta**
Street address of well location if in city:
3 Owner of well: **Sage Drilling**
% Albert Freeman
Address: **Box 1459**
Liberal, Kansas 67901



4 Well depth: **220** ft. Date of completion **2/8/75**
Well diameter **9** in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well **Oil Well**

7 Casing: Material **PVC** Height: above/below
Threaded Welded Surface **28** in.
Diam. **5 1/2** in. to **140** ft. depth! Drive shoe? Yes No
5 1/2 in. to **220** ft. depth!

2 Type and color of material	From	To
Surface	0	2
Brown Sandy Clay	2	26
Medium to Coarse Sand	26	37
Brown Sandy Clay	37	40
Medium Sand	40	57
Yellow Clay x w/Sand Streaks	57	78
Medium Sand	78	96
Tan Clay w/Sand Streaks	96	142
Fine to Medium Sand w/Clay Streaks	142	160
Medium Sand w/Clay streaks	160	220
(use a second sheet if needed)		

8 Screen:
Manufacturer **Wesco**
Type **PVC** Dia. **5 1/2"**
Slot/gauze **.030** Length **10'**
Set between **170** ft. and **180** ft.
Fittings: **1/8 to 3/16**
Gravel pack Yes No Size range of material _____

9 Static water level:
100 ft. below land surface Date **2/8/75**

10 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.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter **28** inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From **0** ft. to **10** ft.

14 Nearest source of possible contamination:
ft. **100** Direction **SW** Type **Oil Well**
Well disinfected upon completion? Yes No

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

16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 Valley

17 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. 67901**
Signed **Edward E. Means** Date _____
Authorized representative

30 35W 21 CSWSE