

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

WATER WELL RECORD  
KSA 82a-1201-1215

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

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

Hooper 2-28

CWW Inv. #11280

1 Location of well:	County <b>Grant</b>	Township name	Fraction <b>NE NW</b>	Section number <b>28</b>	Town number <b>30S</b>	Range number <b>35W</b>				
Distance and direction from nearest town or city: <b>1 Mi SW of Satanta</b>			3 Owner of well: <b>Sage Drilling</b>							
Street address of well location if in city: <b>7 mi. West, 1/2 mi. So., West to Location</b>			Address: <b>% Albert Freeman Box 1459 Liberal, Kansas 67901</b>							
Locate with "X" in section below:		Sketch map:		Well depth: <b>240</b> ft. Date of completion <b>5/3/75</b>						
		<p>Loc. X west</p> <p>7 mi West 1/2 mi SW</p> <p>6 mi So</p>		Well diameter <b>9</b> in.						
				5 <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						
2		Type and color of material		From		To		6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> Oil Well		
								7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. Diam. Weight <b>2.78</b> lbs./ft. <b>5</b> in. to <b>180</b> depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>240</b> depth		
Surface				0		2		8 Screen: Manufacturer <b>Wesco</b> Type _____ Dia. _____ Slot/gauze <b>.030</b> Length <b>10'</b> Set between <b>190</b> ft. and <b>200</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
Sandy Clay				2		40		9 Static water level: <b>125</b> ft. below land surface Date <b>5/3/75</b>		
Coarse Sand				40		100		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>45</b> g.p.m.		
Gravel & Clay 50/50				100		120		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Clay & Coarse Sand 70/30				120		180		12 Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> inches above grade		
Coarse Sand				180		200		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.		
Coarse Sand & Clay 70/30				200		220		14 Nearest source of possible contamination: ft. <b>100</b> Direction <b>SW</b> Type <b>Oil Well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Coarse Sand				220		240		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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)								16 Remarks: elevation		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. <b>Carlile Water Well 118</b> Business name License No. Address _____ Signed <b>Edward E. Means</b> Date <b>5/8/75</b> Authorized representative		

30 35W 28 NE NW