

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

LEXINGTON

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

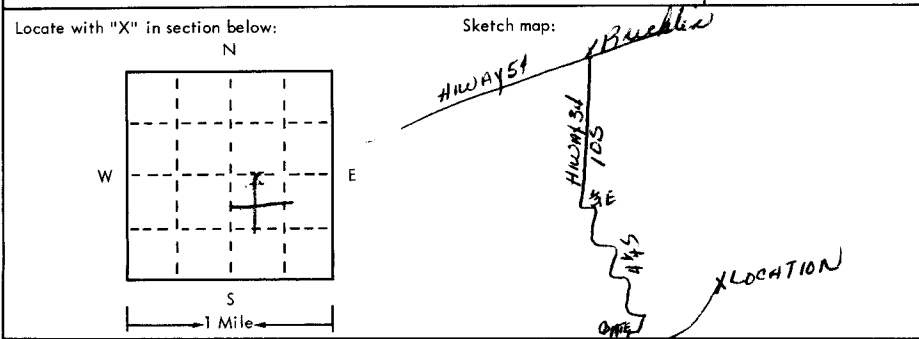
CWW Inv. # 11670

Berryman #1 DBA

1 Location of well: County Clark	Township name	Fraction 1/4 NW SE	Section number 10	Town number 31S	Range number 21W
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Distance and direction from nearest town or city: **10 miles south of Bucklin, 1/2 east, 1/4 south & left to location.**
Street address of well location if in city:

3 Owner of well: **Sage Drilling Company Rig #2**
Address: **500 Bitting Bldg. Wichita, Kansas 67202**



2	Type and color of material	From	To
	Surface	0	2
	Clay	2	13
	Fine to medium sand	13	28
	Fine to medium sand & sandy clay	28	40
	Streaks of fine & Medium sand & clay	40	60
	Clay	60	100
	ROCK 60		
	37		
	23' silt		
	(use a second sheet if needed)		

16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 Valley

TOPO

2221
60
21610

4 Well depth: **100** ft. Date of completion **9-17-75**
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 Rig

7 Casing: Material **PVC** Height: above/below
 Threaded Welded Surface **28** in.
 Diam. Weight **2.78** lbs./ft.
5 in. to **40** ft. depth Drive shoe? Yes No
5 in. to **100** ft. depth

8 Screen: Manufacturer **sawed perf.**
 Type **PVC** Dia. **5**
 Slot/gauze **030** Length **20**
 Set between **10** ft. and **80** ft.
 Fittings: **1/8 to 3/16**
 Gravel pack Yes No Size range of material _____

9 Static water level: **37** ft. below land surface Date **9-17-75**

10 Pumping level below land surfaces:
 _____ ft. after _____ hrs. pumping _____ g.p.m.
 _____ ft. after _____ hrs. pumping _____ g.p.m.
 Estimated maximum yield **45** 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 **NE** 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.p.m.
 Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

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, Kansas**
 Signed **Edward E Meane** Date **9-30-75**
 Authorized representative

3/ 3 in 10 NUSE

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.