

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. #13746

Gerber #1

1. Location of well:	County Meade	Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	Section number 23	Township number T 31S S R	Range number 27W E/W
2. Distance and direction from nearest town or city: From Meade go approx 7 mi. East on 54 hwy - turn back South $\frac{1}{2}$ mi. then SE to loc,			3. Owner of well: Rains & Williamson Oil, Co. R.R. or street: 435 Page Court, 220W. Douglas City, state, zip code: Wichita, Kansas 67202		
4. Locate with "X" in section below:		Sketch map:			
		<p style="text-align: center;">N</p> <p style="text-align: center;">NW NE</p> <p style="text-align: center;">SW SE</p> <p style="text-align: center;">S</p> <p style="text-align: center;">1 Mile</p> <p style="text-align: center;">W E</p>			
5. Type and color of material		From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>8-16</u> Well depth <u>220</u> ft.	
Surface		0	2	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	
Clay		2	20	8. 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"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Medium to large sand		20	40	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>a28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>130</u> ft. depth; Wall Thickness: inches or Dia. <u>9</u> in. to <u>220</u> ft. depth; gage No. <u>265</u>	
Medium to large sand & sandy clay 60-40		40	100	10. Screen: Manufacturer's name _____ Sawed perf.	
Sandy clay		100	120	Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>60'</u> Set between <u>130</u> ft. and <u>190</u> ft. _____ ft. and _____ ft.	
Medium to large sand & sandy clay 70-30		120	150	Gravel pack? <u>yes</u> Size range of material <u>1/8-3/16</u>	
Fine sand		150	190	11. Static water level: _____ mo./day/yr. <u>80</u> ft. below land surface Date <u>8/16/77</u>	
Blue clay		190	220	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> 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: ft. <u>100</u> Direction <u>NE</u> Type <u>oilwell</u> 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	
				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 <u>Box 275, Liberal, KS</u> Signed <u>Edward E. Means</u> Date <u>9-6-77</u> Authorized representative	
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

31 27W 23
 Sec 23
 1/4 1/4 1/4

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

Form WWC-5