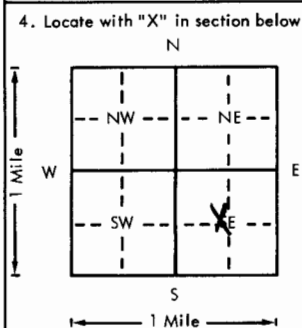


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

CWW Inv. #13333

1. Location of well:	County <b>Meade</b>	Fraction <b>990' FEL 990' FSL</b> 1/4 <b>NW</b> 1/4 <b>SE</b> 1/4	Section number <b>34</b>	Township number T <b>31</b> S R	Range number <b>28</b> E/W
2. Distance and direction from nearest town or city: <b>From Meade go 1 mi. North - 1/4 mi. West - North into location.</b>			3. Owner of well: <b>Rine Drilling Company</b> R.R. or street: <b>Box 1226</b> City, state, zip code: <b>Woodward, OK 73801</b>		
4. Locate with "X" in section below: 			6. Bore hole dia. <u>9</u> in. Completion date <u>4/9</u> Well depth <u>220</u> ft.		
5. Type and color of material			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		
Surface			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		
Sandy clay			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>70</u> ft. depth; Wall Thickness: inches or Dia. <u>5</u> in. to <u>220</u> ft. depth; gage No. <u>265</u>		
Clay, (Blue)			10. Screen: Manufacturer's name _____ <b>Saved Perf.</b> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>70'</u> Set between <u>145</u> ft. and <u>215</u> ft. _____ ft. and _____ ft.		
Clay, fine sand & med. to lge. sand			11. Static water level: _____ mo./day/yr. <u>90</u> ft. below land surface Date <u>4/9/77</u>		
Clay & med. to lge. sand			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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>oil well</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. <b>Carlile Water Well's 118</b> Business name _____ License No. _____ Address <u>Box 275, Liberal, KS</u> Signed <u>Edward E. Mann</u> Date <u>4-23-77</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  
28  
34  
NW  
SE  
1/4  
1/4  
1/4

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

Form WWC-5