

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

OWW Inv. #13565

| | | | | | |
|---|------------------------|--------------------------------------|--|---|--------------------------------|
| 1. Location of well: | County Meade | Fraction 1/4 SE 1/4 NE 1/4 | Section number 35 | Township number T 31S S R | Range number 28W E/W |
| 2. Distance and direction from nearest town or city: From Stop light at Meade go 1 mi. No. - 1/4 mi. Ea. - 1/2 mi. Street address of well location if in city: No. - East to loc. | | | 3. Owner of well: Rine Drilling Co. n Box 1226 Woodward, OK 73801 R.R. or street: City, state, zip code: | | |
| 4. Locate with "X" in section below: | | | 6. Bore hole dia. <u>9</u> in. Completion date <u>6/14</u> Well depth <u>140</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 | | |
| Blue 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>140</u> ft. depth gage No. <u>265</u> | | |
| Fine sand & medium to large sand 30-70 | | | 10. Screen: Manufacturer's name _____ <u>Sawed perf.</u> Type <u>PVC</u> Dia. <u>5</u> " Slot/gauze <u>.030</u> Length <u>60</u> ' Set between <u>70</u> ft. and <u>130</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8-3/16</u> | | |
| Blue clay | | | 11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>6/14/77</u> | | |
| | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</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 | | |
| | | | (Use a second sheet if needed) | | |
| 18. Elevation: | | 19. Remarks: | | 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 Service 118 Business name License No. Address Box 275, Liberal, KS Signed Edward E. Means Date 7/12 Authorized representative | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | |

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28
35
SE NE
1/4 1/4 1/4
Sec

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

Form WWC-5