

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. #12574

Black #1-33

1. Location of well:	County <b>Meade</b>	Fraction <b>NE 1/4 SW 1/4 SW 1/4</b>	Section number <b>33</b>	Township number <b>T 31 S R 30 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>From the West Edge of Plains go 3 mi. North - East into Location.</b>			3. Owner of well: <b>Sage Drilling Company</b> R.R. or street: <b>500 Bitting Bldg.</b> City, state, zip code: <b>Wichita, Kansas 67202</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>8/11</u> Well depth <u>300</u> ft.	
				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	
5. Type and color of material		From	To	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	
Surface		0	2	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>215</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>300</u> ft. depth gage No. <u>.265</u>	
Clay		2	20	10. Screen: Manufacturer's name _____ <b>Sawed Perf.</b> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>80'</u> Set between <u>215</u> ft. and <u>295</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes. Size range of material <u>1/8-3/16</u>	
Sandy clay		20	60	11. Static water level: _____ mo./day/yr. <u>170</u> ft. below land surface Date <u>8/11/76</u>	
Clay		60	80	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.	
Med. to lge. sand		80	200	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Clay, med. to lge. sand		200	218	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade	
Fine sand, Med. to lge. sand		218	260	15. Well grouted? <input checked="" type="checkbox"/> yes With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.	
Clay, med. to lge. sand		260	275	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	
Fine sand, med. to lge. sand		275	300	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 _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ 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. <b>Carlile Water Well Service 118</b> Business name _____ License No. _____ Address <u>Box 275, Liberal, Ks.</u> Signed <u>Edward E. Means</u> Date <u>8/20</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 31 S R 30 E  
 Sec 33  
 NE SW SW  
 1/4 1/4 1/4

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

Form WWC-5