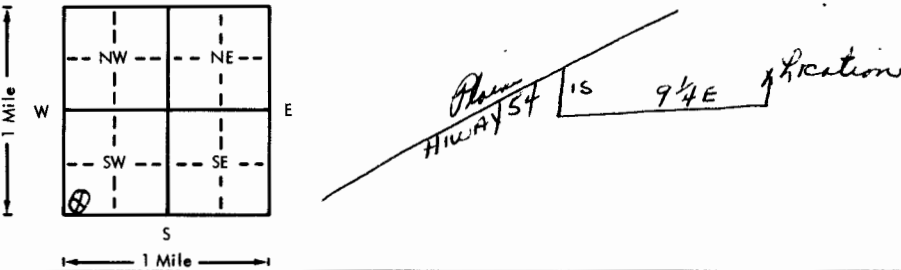


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Sanders Inv. 12244

1. Location of well: County <u>Meade</u> <u>Sanders</u>		Fraction <u>1/4 SW 1/4 SW 1/4</u>		Section number <u>19</u>		Township number <u>T 32</u>		Range number <u>S R 28</u>		E/W	
2. Distance and direction from nearest town or city: <u>1 south of Plains</u> <u>9/4 east, 1/2 North.</u>						3. Owner of well: <u>Sage Drilling Company</u> R.R. or street: <u>500 Bitting Bldg.</u> City, state, zip code: <u>Wichita, Kansas 67202</u>					
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile 						6. Bore hole dia. <u>9</u> in. Completion date <u>4-17-76</u> Well depth <u>260</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					
						8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input 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					
From To						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>160</u> ft. depth; Wall Thickness: inches or Dia. <u>5</u> in. to <u>260</u> ft. depth; gage No. <u>265</u>					
						10. Screen: Manufacturer's name _____ <u>sawed perf.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1030.030</u> Length <u>70'</u> Set between <u>160</u> ft. and <u>200</u> ft. <u>220</u> ft. and <u>250</u> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8 to 3/16</u>					
Surface						11. Static water level: _____ mo./day/yr. <u>108</u> ft. below land surface Date <u>4-16-76</u>					
Fine 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.					
Medium to large sand						13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____					
Clay and medium to large sand 70-30						14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <u>28</u> inches above grade					
Fine sand and medium to large sand						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.					
Medium to large sand						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					
Clay and medium to large sand 85-15						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					
Clay and medium to large sand						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. <u>Carlile Water Well</u> <u>118</u> Business name _____ License No. _____ Address <u>Box 275, Liberal, KS.</u> Signed <u>Edward E. Means</u> Date <u>4-28</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						(Use a second sheet if needed)					

32
28
19
1/4 1/4 1/4
SWSW

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

Form WWC-5