

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. #13803

Sanders #1

1. Location of well:	County Meade	Fraction 1/4 CW 1/4 SW 1/4	Section number 19	Township number T 32S S R	Range number 28W E/W
2. Distance and direction from nearest town or city: From Plains go 1 mi. South - 9 1/4 mi. East - North to Street address of well location if in city: Location.			3. Owner of well: Sage Drilling Company R.R. or street: 500 Biting Building City, state, zip code: Wichita, KS 67202		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: <i>PLAINS</i> <i>9 1/4 MI. EAST</i> <i>North to Loc.</i>		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>9-2</u> Well depth <u>240</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: <u>Above</u> 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>175</u> ft. depth; Wall Thickness: inches or Dia. <u>5</u> in. to <u>240</u> ft. depth; gage No. <u>265</u>
Clay & fine sand 10%			40	110	10. Screen: Manufacturer's name _____ <u>Sawed perf.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>60'</u> Set between <u>175</u> ft. and <u>235</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>1/8-3/16</u>
Fine sand & medium to large sand			110	235	11. Static water level: _____ mo./day/yr. <u>115</u> ft. below land surface Date <u>9-2-77</u>
Clay, fine sand & medium to large sand			235	240	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 _____ Bentonite _____ 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 _____ 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 _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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 118 Business name _____ License No. _____ Address <u>Box 275, Liberal, KS</u> Signed <u>Edward E. Meane</u> Date <u>9-20</u> Authorized representative		

T 32 S R 28 W E 19 C 1/4 W 1/2 SW

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

Form WWC-5