

Permit #T-78-124

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. #14759

Dimmitt #1

1. Location of well:		County <b>Meade</b>	Fraction <del>1/4</del> <b>1/4 C-NW/4</b>	Section number <b>9</b>	Township number T <b>32S</b> S R	Range number <b>29W</b> E/W
2. Distance and direction from nearest town or city: <b>From Plains go 5 miles East on Hwy 54 to Microwave Tower then 1/2 mile South - East to loc.</b>			3. Owner of well: <b>Zenith Drilling Corp., Inc.</b> R.R. or street: <b>200 W. Douglas, Suite 600</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>7-10</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>195</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>300</u> ft. depth gage No. <u>265</u>		
Blue clay		2	20	10. Screen: Manufacturer's name _____ <u>Sawed perforation</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>80'</u> Set between <u>195</u> ft. and <u>275</u> ft. _____ ft. and _____ ft.		
Blue sandy clay		20	40	Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8-3/16</u>		
Medium to large sand		40	100	11. Static water level: _____ mo./day/yr. <u>185</u> ft. below land surface Date <u>7-10-78</u>		
Blue clay		100	125	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> g.p.m.		
Fine sand & medium to large sand 70-30		125	160	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Blue sandy clay		160	190	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade		
Medium to large sand		190	270	15. Well grouted? <input checked="" type="checkbox"/> yes 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.		
Blue sandy clay		270	280	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		
Blue clay		280	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 <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. <b>Carlile Water Well Service 118</b> Business name License No. _____ Address <b>Box AA, Liberal, KS 67901</b> Signed <u>Edward E. Means</u> Date <u>7-12-78</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 32  
R 29  
W 9  
Sec 1-29W

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

Form WWC-5