

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

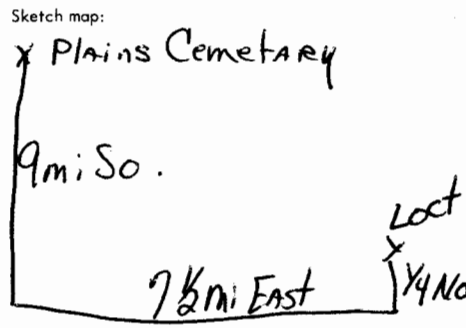
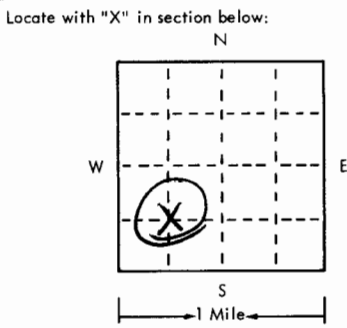
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Sanders #3

CWW Inv. # 11271

1 Location of well:	County Meade	Township name	Fraction CSW	Section number 24	Town number 32S	Range number 29W
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Distance and direction from nearest town or city: From Plains Cemetery go 1 mi. So. 7 mi. East to Cattle Guard, 1/2 mi. East, 1/2 mi. No. to Loc. Owner of well: Sage Drilling % Albert Freeman
Street address of well location if in city: Liberal, Kansas 67901 Address: Box 1459



4 Well depth: 260 ft. Date of completion 4/30/75
Well diameter 9 in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well Oil Well

7 Casing: Material PVC Height: above/below
Threaded Welded Surface 18 in.
Diam. 5 1/2 in. to 210 ft. depth Weight ___ lbs./ft. ___
5 1/2 in. to 260 ft. depth Drive shoe? Yes No

2	Type and color of material	From	To
	Surface	0	2
	Caliche Clay	2	27
	Brown Clay	27	64
	Fine Sand	64	118
	Clay	118	131
	Fine to Small Sand	131	180
	Clay	180	195
	Fine to Medium Sand	195	258
	Blue Clay	258	260
Well Capped + Left for Jack T. Sanders Box 117, Meade, Kansas. 6/2/75 6/4/75 DWB			
(use a second sheet if needed)			

8 Screen: Manufacturer Wesco
Type ___ Dia. ___
Slot/gauze .030 Length 10
Set between 230 ft. and 240 ft.
Fittings: Gravel pack Yes No Size range of material ___

9 Static water level: 142 ft. below land surface Date 4/30/75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 60 g.p.m.

11 Water sample submitted:
 Yes No Date ___

12 Well head completion:
 Pitless adapter 13 inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 100 Direction SW Type Oil Well
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 Valley

17 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. 67901
Address Box 275, Liberal, Kansas
Signed Edward E. Means Date 5/2/75
Authorized representative