

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. # 13090

Sanders 3-24

1. Location of well:	County Meade	Fraction 1/4 C-W¹/₄ SE¹/₄	Section number 24	Township number T 32 S R	Range number 29 E/W
2. Distance and direction from nearest town or city: 1 south of Plains 8 1/2 east & north to loc.			Owner of well: Sage Drilling Company R.R. or street: 500 Bitting Bldg. City, state, zip code: Wichita, Kansas 67202		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: <i>Plains Station</i> <i>1/2</i> <i>8 1/2 E</i>		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>1-20-77</u> Well depth <u>260</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 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	70	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>175</u> ft. depth Wall Thickness: _____ inches or Dia. <u>5</u> in. to <u>260</u> ft. depth gage No. <u>.265</u>
clay			70	80	10. Screen: Manufacturer's name _____ sawed perf. Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>80</u> Set between <u>175</u> ft. and <u>255</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>1/8 to 3/16</u>
medium to large sand			80	220	11. Static water level: _____ mo./day/yr. <u>125</u> ft. below land surface Date <u>1-20-77</u>
clay & medium to large sand			220	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.
fine sand and medium to large sand			240	260	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 <input type="checkbox"/> Bentonite <input type="checkbox"/> 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 <input type="checkbox"/> 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 <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. Carlile water well 118 Business name License No. _____ Address Box 275, Liberal, Ks Signed Edward E. Means Date 1-28 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5