

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

CMW Inv. #14098

Post #1-25

1. Location of well:	County <b>Meade</b>	Fraction <b>1/4 NE 1/4 NE 1/4</b>	Section number <b>25</b>	Township number <b>T 32S S</b>	Range number <b>R 29W E/W</b>
2. Distance and direction from nearest town or city: <b>From Meade go 2m South - 2m West - 1m South - 2 1/4m West - South to location.</b>			3. Owner of well: <b>Mr. Don Post</b> R.R. or street: <b>Rural Route</b> City, state, zip code: <b>Dodge City, Kansas 67801</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: <i>MEADE</i> <i>South to Loc.</i> <i>2 1/4 West</i> <i>1 South</i> <i>2 West</i> <i>1 South</i>		6. Bore hole dia. <u>9</u> in. Completion date <u>12-8</u> Well depth <u>220</u> ft.	
5. Type and color of material		From To		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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Surface		0 2		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>155</u> ft. depth; Wall Thickness: inches or Dia. <u>5</u> in. to <u>220</u> ft. depth; gage No. <u>265</u>	
Caliche		2 10		10. Screen: Manufacturer's name _____ <b>Sawed Perf.</b> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>60'</u> Set between <u>155</u> ft. and <u>215</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>1/8-3/16</u>	
Medium to large sand		10 60		11. Static water level: _____ mo./day/yr. <u>110</u> ft. below land surface Date <u>12/8/77</u>	
Sandy clay		60 120		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 & medium to small sand		120 215		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Blue clay		215 220		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> <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: <u>None</u> ft. _____ Direction _____ Type _____ 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	
				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 118</b> Business name _____ License No. _____ Address <u>Box 275, Liberal, KS</u> Signed <u>Edward E. Means</u> Date <u>2/10/78</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					

T 32  
R 29W  
E 25  
S 1/4 NE  
1/4 NE

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

Form WWC-5