

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

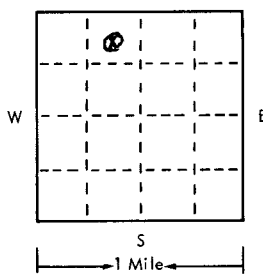
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

Atkinson

CWW Inv. #11170

1 Location of well:	County Meade	Township name 28	Fraction C-NE-NW	Section number 26	Town number 32	Range number 29W		
Distance and direction from nearest town or city: 1S, 6¹/₂E, 1S, 1E, of Plains, Kansas				3 Owner of well: Sage Drilling Company Rig #2				
Street address of well location if in city:				Address: 500 Bitting Bldg. Wichita, Kansas 67202				
Locate with "X" in section below: N  W E S 1 Mile				Sketch map: PLAINS 2 1/2 6 E 1 1/2 LOCATION		4 Well depth: 240 ft. Date of completion 3-27-75 Well diameter 5 in.		
2 Type and color of material				From	To	5 <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		
				Surface		0	2	6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> Oil Well
				Clay		2	20	7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. _____ Weight 2.78 lbs./ft. _____ 5 in. to 220 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5 in. to 240 ft. depth
				Sandy clay		20	40	8 Screen: Manufacturer Wesco Type PVC Dia. 5" Slot/gauze .030 Length 10 Set between 210 ft. and 220 ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8 to 3/16
				Med. to Lar. Sand w/clay 80-20		40	65	9 Static water level: 110 ft. below land surface Date 3-27-75
				Sandy Clay		65	95	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 50 g.p.m.
				Med. to Lar. Sand		95	100	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Med. to Lar. Sand		100	240	12 Well head completion: <input type="checkbox"/> Pitless adapter 18 inches above grade				
(use a second sheet if needed)				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 60 ft. to 240 ft.		3 2 29W 26 CNE NW		
				14 Nearest source of possible contamination: ft. 100 Direction SW Type Oil Well Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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				
				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. _____ Address Box 275, Liberal, Kansas Signed [Signature] Date 3-28-75 Authorized representative				

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5