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

WATER WELL RECORD

Kansas State Dept. Of Health

KSA 82a-1201-1215									(Water Well Contract Forbes-Bldg. 740		
Hayden #1		CWW Inv.						T	Topeka, Kansas 6662	0	
1 Location of well:	County	Township name	Fraction OF CU N		Section number			Town number	Range number		
	Meade							32S	30W		
Distance and direction from nearest town or city: 1½ mi. West & ¼ mi. Street address of well location if in city: So. of Plains, Kansas					Address: Suite 600, 200 W. Douglas						
Locate with "X" in section below: Sketch map:					Wichita, Kansas 67202 Wichita, Kansas 67202 1.4 Well depth: 270 ft. Date of completion 4/7 Well diameter 9 in.						
			٧	mi y	14		5 🗌	Cable tool X Rotary Hollow rod Detted	☐ Driven ☐ Dug ☐ Bored ☐ Reverse	e rotary	
W E							6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well Oil Well				
s Xad							7 Casing: Material PVC Height: above/below Threaded Welded Surface 18 in. Diam. Weight lbs./ft				
<u> </u>	Mile Mile						_5	in. to 2 <u>20</u> ft. dept	h Drive shoe? Yes	□No	
2	Тур	e and color of material		Fr	rom	То	0.6	in. to 2.70 ft. dept			
Surface					0	2	Ma Tyr	Manufacturer Wesco Type PVC Dia. 5½11			
Sandy Clay					2	60	Ser between II. dilo II.				
Coarse Sand w/clay 80/20					60	80	Graver pack Tres Tro Size range or material				
G z avel					80	107	9 <u>\$</u> †8	tic water level: 2_ft. below land surf	ace Date <u>4/7</u> /	75	
Coarse Sand					07	120		mping level below land ft. afterl		a n m	
Coarse Sand					20	270	_	ft. afterl	nrs, pumping		
	· •				,		_	ter sample submitted: Yes ENo D)ate		
This Wate	er well was	given to	Jerrey	Hayd	en,			II head completion: Pitless adapter	Inches above gra	de	
Box 41,	Plains, K	0		G- 15	8			Il grouted? X Yes	□ No		
wniTten	commication	1.6. Ma C	une on	5/23/2	5-		De	Meat cement Bent oth: From ft. to	10 ft.		
5/27/25 Dus								arest source of possible Direction	_		
							15 Pur	ell disinfected upon com	Not installed	∐No	
							Mo	nufacturer's name			
								odel number			
							Тур	pe:		g.m.p.	
		1141			_		=	Submersible Jet	Turbine Reciprocating		
	(use	e a second sheet if needed	i)				_	Certrifugal	Other		

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

16 Remarks: elevation

Topography:

□нап Slope

Upland ☐ Valley

Form WWC-5

License No.

17 Water well contractor's certification:

Carlile Water Well

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Authorized representative