

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

Permit No T 79-142

CWW 16201

Carlile #2-26

1. Location of well:		County <b>Seward</b>	Fraction <b>X C-NE<sup>1</sup>/<sub>4</sub> NW<sub>4</sub></b>	Section number <b>26</b>	Township number <b>T 32 S R 33 E/W</b>	Range number <b>33</b>
2. Distance and direction from nearest town or city: <b>From Liberal go 14mi N. to Cimm. River Bridge then 1/2 mi North 1/2 mi west North to location</b>			3. Owner of well: <b>Sage Drilling</b> R.R. or street: <b>222 Sutton Place</b> City, state, zip code: <b>Wichita, Kansas 67202</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9</b> in. Completion date _____ Well depth <b>240</b> ft. <b>8-28-79</b>		
				7. <input checked="" 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		
5. Type and color of material		From	To	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		
<b>Surface</b>		<b>0</b>	<b>2</b>	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>28</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.56</b> lbs./ft. Dia. <b>5</b> in. to <b>180</b> depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>.278</b>		
<b>Caliche</b>		<b>2</b>	<b>16</b>	10. Screen: Manufacturer's name _____ Type <b>Sawed</b> Dia. <b>5"</b> Slot/gauze <b>.030</b> Length <b>60'</b> Set between <b>180</b> ft. and <b>240</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>1/8-3/16</b>		
<b>Medium to large sand</b>		<b>16</b>	<b>56</b>	11. Static water level: _____ mo./day/yr. <b>98</b> ft. below land surface Date <b>8-28-79</b>		
<b>40% medium to large sand &amp; 60% gravel</b>		<b>56</b>	<b>72</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>60</b> g.p.m.		
<b>Clay</b>		<b>72</b>	<b>79</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<b>Medium to large sand</b>		<b>79</b>	<b>82</b>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>28</b> inches above grade		
<b>Clay</b>		<b>82</b>	<b>87</b>	15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>10</b> ft.		
<b>Medium to large sand</b>		<b>87</b>	<b>103</b>	16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>N.E.</b> Type <b>Oil well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
<b>Fine sand</b>		<b>103</b>	<b>240</b>	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. <b>118</b> <b>Carlile Water Well Service</b> Business name License No. _____ Address <b>Box AA Liberal, Kansas</b> Signed <b>Edward E. Mean</b> Date <b>8-31-79</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

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CWE NW