

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

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

McKinney #15-151

County		Fraction	Section number	Township number	Range number
1. Location of well: Meade		1/4 SE 1/4 NE 1/4	5	T 33S S	R 27W E/W
2. Distance and direction from nearest town or city: From Meade go 5 mi. South - 4 East - South to loc.			3. Owner of well: Sage Drilling Company R.R. or street: 500 Bitting Building City, state, zip code: Wichita, Kansas 67202		
4. Locate with "X" in section below: Sketch map: MEADE 5 mi. South 4 mi. East South to loc.			6. Bore hole dia. 9 in. Completion date 2-25 Well depth 220 ft.		
5. Type and color of material			7. 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 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"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 28 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 2.78 lbs./ft. Dia. 5 in. to 155 ft. depth Wall thickness: inches or Dia. 5 in. to 220 ft. depth Gauge No. .265		
			10. Screen: Manufacturer's name <input type="checkbox"/> Sawed perf. Type PVC Dia. 5" Slot/gauze <input type="checkbox"/> Length 60' Set between 155 ft. and 215 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack <input checked="" type="checkbox"/> Size range of material 1/8-3/4		
			11. Static water level: <input type="checkbox"/> mo./day/yr. 30 ft. below land surface Date 2/25/78		
			12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 60 g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 28 inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: ft. 100 Direction NE Type oilwell Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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					
18. Elevation: <input type="checkbox"/> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks: <input type="checkbox"/> need better location		
(Use a second sheet if needed)			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 Box 275, Liberal, KS License No. <input type="checkbox"/> Address <input type="checkbox"/> Signed Edward E. Meane Date 3/10/78 Authorized representative		

Form WWC-5