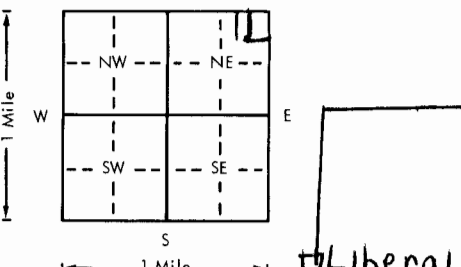


Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

Permit No 79-116

Wiens #1-11

CWW 16070

1. Location of well: County <b>Meade</b>		Fraction <b>1/4 NE 1/4 NE 1/4</b>	Section number <b>11</b>	Township number <b>33</b>	Range number <b>28</b>
2. Distance and direction from nearest town or city: <b>Go E. of Meade Lake to Juc. then lmi N. lmi E. 3/4 mi N. back W. to location</b>			3. Owner of well: <b>Sage Drilling Company</b> R.R. or street: <b>222 Sutton Place</b> City, state, zip code: <b>Witchita, Kansas 67202</b>		
4. Locate with "X" in section below: 		6. Bore hole dia. <b>9</b> in. Completion date <b>July 23, 1979</b> Well depth <b>240</b> ft.			
5. Type and color of material		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			
Surface		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			
Caliche		9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>28</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.78</b> lbs./ft. Dia. <b>5</b> in. to <b>160</b> depth <b>256</b> inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth <b>256</b>			
Clay		10. Screen: Manufacturer's name <input type="checkbox"/> Type <b>Sawed</b> Dia. <b>5"</b> Slot/gauze <input type="checkbox"/> Length <b>80</b> Set between <b>160</b> ft. and <b>240</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <b>Yes</b> Size range of material <b>1/8-3/16</b>			
Fine sand		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>120</b> ft. below land surface Date <b>7-23-79</b>			
Medium to large sand		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 <b>60</b> g.p.m.			
Caliche		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
Fine sand		14. Well head completion: <input type="checkbox"/> Pitless adapter <b>28</b> Inches above grade			
Medium to large sand		15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.			
Red bed		16. Nearest source of possible contamination: <b>Oil well</b> ft. <b>100</b> Direction <b>N.E.</b> Type <input type="checkbox"/> 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:		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. <input type="checkbox"/> Address <b>Box AA Liberal, Kansas</b> Signed <b>Edward E. Meade</b> Date <b>7-31-79</b> Authorized representative			
19. Remarks:					

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

Form WWC-5