

Permit #T79-82

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.WATER WELL RECORD  
KSA 82a-1201-1215Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

CWW 15903

Heinson #1-27

1. Location of well:		County <b>Meade</b>	Fraction <b>C B</b> <b>1/4 SW 1/4 NW 1/4</b>	Section number <b>27</b>	Township number <b>T 33 S R 28 E W</b>	Range number
2. Distance and direction from nearest town or city: <b>From Meade Lake go 5mi. East to Meade Jct. then 2mi south 3/4 Mi West to location</b>			3. Owner of well: <b>Sage Drilling Copmany</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>220</b> ft. <b>6-6-79</b>		
				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		
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		
Surface		0	2	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>28</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.78</b> lbs./ft. Dia. <b>5</b> in. to <b>140</b> depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>.256</b>		
Clay		2	42	10. Screen: Manufacturer's name _____ <b>Sawed Perf.</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze _____ Length <b>80</b> Set between <b>140</b> ft. and <b>220</b> ft. Gravel pack? <b>Yes</b> Size range of material <b>1/8-3/16</b>		
Clay 40% & 60% caliche		42	68	11. Static water level: _____ mo./day/yr. <b>115</b> ft. below land surface Date <b>6-6-79</b>		
Clay		68	79	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.		
Clay 40% & 60% caliche		79	118	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Clay 55% & 45% fine sand		118	176	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>28</b> inches above grade		
Medium ti large sand 85% and Red bed 15%		176	202	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.		
Redbed		202	220	16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>NE</b> Type <b>Oilwell</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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		
				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, Inc.</b> Business name: <b>Box AA Liberal, KS 67901</b> Address: _____ Signed <b>Edward E. M...</b> Date <b>6-25-79</b> Authorized representative		
18. Elevation: <b>2470</b> ftm Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>2470</b> <b>115</b> <b>10</b>				

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

Form WWC-5