

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

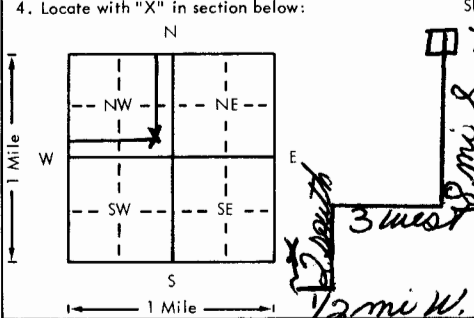
WATER WELL RECORD
KSA 82a-1201-1215

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

Permit no T80-18

CWW 16644

Feldman #1

1. Location of well:		County Meade	Fraction SE 1/4 SE 1/4 NW 1/4	Section number 30	Township number T 33 S R 28 E/W	Range number
2. Distance and direction from nearest town or city: From Meade go 8 mi south 3 west 2 south 1/2 mi west north into location		3. Owner of well: Midco Drilling Company R.R. or street: Suite 520 200E. 1st City, state, zip code: Wichita, Kansas 67202				
4. Locate with "X" in section below: 		Sketch map: Meade 3 mi S 1/2 mi W				
5. Type and color of material		From	To	6. Bore hole dia. 9 in. Completion date 1-9-80 Well depth 200 ft.		
Surface		0	2	7. <input 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		
Medium to large sand		2	13	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		
Clay		13	42	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 2.56 lbs./ft. Dia. 5 in. to 140 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 278		
Blue clay		42	116	10. Screen: Manufacturer's name <input type="checkbox"/> Type PVC Sawn Dia. 5" Slot/gauze .030 Length 60' Set between 140 ft. and 200 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? Yes Size range of material 1/8-3/16		
Clay		116	137	11. Static water level: <input type="checkbox"/> mo./day/yr. 8 ft. below land surface Date 1-9-80		
30% medium to large sand & 70% gravel		137	197	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 70 g.p.m.		
Clay		197	200	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 28 Inches above grade		
				15. Well grouted? 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 N.E. Type Oil well 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		
		(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. 118 Carlile Water Well Service Business name License No. <input type="checkbox"/> Address Box AA Liberal, Kansas Signed Edward E. Mann Date 1-15-80 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5