

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

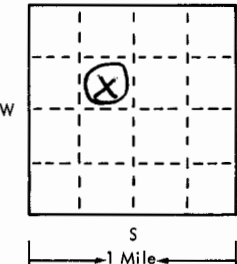
WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Singley #1

CWW Inv. #11064

1 Location of well:	County Meade	Township name	Fraction C SE NW	Section number 20	Town number 33S	Range number 29W
Distance and direction from nearest town or city: 3 Miles West of Meade County State Lake				3 Owner of well: Sage Drilling Co. % Albert Freeman Box 1459 Liberal, Kansas 67901		
Locate with "X" in section below: 				Sketch map: Meade Co. State Lake 3 mi. West X Loc.		
2				4 Well depth: 260 ft. Date of completion 2-14-75 Well diameter 9 in.		
Type and color of material				5 <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		
Surface				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> Oil Well		
White Clay				7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 28 in. Diam. 5 1/2 in. to 230 in. depth 5 1/2 in. to 260 in. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Sand				8 Screen: Manufacturer Wesco Type PVC Dia. 5 1/2" Slot/gauze .030 Length 10' Set between 230 ft. and 240 ft. Fittings: 1/8 to 3/16 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material		
Fine to Medium Sand				9 Static water level: 140 ft. below land surface Date 2-14-75		
Tan Clay				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 60 g.p.m.		
Fine to Medium Sand				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
Fine to Medium Sand w/Clay Streaks				12 Well head completion: <input type="checkbox"/> Pitless adapter 28 Inches above grade		
Fine to Medium Sand				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 10 ft.		
Fine to Medium Sand w/Clay Streaks				14 Nearest source of possible contamination: ft. 100 Direction SW Type Oil Well Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(use a second sheet if needed)				15 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		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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 License No. Address Box 275, Liberal, Kansas 67901 Signed Carlile Date 2-20-75 Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5