

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

CWW Inv. #12530 Evans 1-25

1. Location of well:		County <u>Meade</u>	Fraction <u>1/4 1/4 CSE 1/4</u>	Section number <u>25</u>	Township number <u>T 33 S R 30 E/W</u>	Range number
2. Distance and direction from nearest town or city: <u>Go Ea. on Meade Lk. Rd. to Plains Jct. -3mi. Ea. -2mi. So. -1/4 mi. We. - North into location.</u>			3. Owner of well: <u>Sage Drilling Company</u> R.R. or street: <u>500 Bitting Bldg.</u> City, state, zip code: <u>Wichita, Kansas 67202</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>7/26</u> Well depth <u>280</u> ft.		
				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		
5. Type and color of material		From	To	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		
Surface		0	2	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>28</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>175</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>280</u> ft. depth gage No. <u>.265</u>		
Clay		2	20	10. Screen: Manufacturer's name <u>Sawed Perf.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>100'</u> Set between <u>175</u> ft. and <u>275</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/8-3/16</u>		
Clay & Caliche 60-40		20	40	11. Static water level: <u>178</u> ft. below land surface Date <u>7/26/76</u> mo./day/yr.		
Sandy Clay		40	60	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.		
Med. to lge. sand		60	259	13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
Med. to lge. sand & blue sandy clay 70-30		259	260	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade		
Clay with streaks of sand		260	280	15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>100</u> ft. Direction <u>NE</u> Type <u>oilwell</u> 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. <u>Carlile Water Well Service 118</u> Business name License No. ____ Address <u>Box 275, Liberal, Ks.</u> Signed <u>Edward E. Meade</u> Date <u>8/11</u> Authorized representative		
18. Elevation:		19. Remarks:				
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