

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. #13726 Sleeper 1-A

1. Location of well:		County <b>Seward</b>	Fraction <b>1/4 SE 1/4 SE 1/4</b>	Section number <b>25</b>	Township number <b>T 33S S R</b>	Range number <b>31W E/W</b>
2. Distance and direction from nearest town or city <b>From jct. of 54 hwy &amp; meade lake rd. go 5 mi. East-2 mi. South - West to location.</b>		3. Owner of well: <b>Sage Drilling Company</b> R.R. or street: <b>500 Bitting Building</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 <b>8-8-77</b> Well depth <b>260</b> 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 _____ 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>155</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>260</b> ft. depth gage No. <b>285</b>		
Clay		2	15	10. Screen: Manufacturer's name _____ <b>Sawed perf.</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze _____ Length <b>100'</b> Set between <b>155</b> ft. and <b>255</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>1/8-3/16</b>		
Sandy clay		15	90	11. Static water level: _____ mo./day/yr. <b>180</b> ft. below land surface Date <b>8/8/77</b>		
Medium to large sand		90	160	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>40</b> g.p.m.		
Medium to large sand		160	200	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Clay 30%, medium to large sand, blue		200	245	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>28</b> inches above grade		
Clay, blue		245	260	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.		
				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		
				(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. <b>Carlile Water Well 118</b> Business name _____ License No. _____ Address <b>Box 275, Liberal, KS</b> Signed <b>Edward E. Manso</b> 9-6-77 Date _____ Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

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 31W  
 25  
 SESE  
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