

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

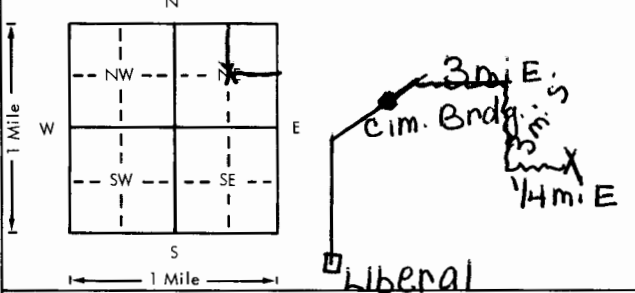
WATER WELL RECORD
KSA 82a-1201-1215

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

Permit No 79-126

CWW 16137

Hirn Ranch #1

1. Location of well:	County Seward	Fraction $\frac{1}{4}$ $\frac{1}{4}$ C-NE $\frac{1}{4}$	Section number 17	Township number T 33 S	Range number R 32 E/W
2. Distance and direction from nearest town or city: From Liberal go North on Hwy 83 cross Cimarron Rvr. Bldg. 3 mi E. 3 mi S. 1/4 mi E. to loc.			3. Owner of well: Sage Drilling Company R.R. or street: 222 Sutton Place City, state, zip code: Wichita, Kansas 67202		
4. Locate with "X" in section below: 			6. Bore hole dia. _____ in. Completion date _____ Well depth 180 ft. 8-14-79		
5. Type and color of material			7. Cable tool <input checked="" type="checkbox"/> Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary _____		
8. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn <input checked="" type="checkbox"/> Oil field water _____ Other _____			9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface 28 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 2.78 lbs./ft. Dia. 5 in. to 120 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. 256		
10. Screen: Manufacturer's name _____			11. Static water level: _____ mo./day/yr. 58 ft. below land surface Date 8-14-79		
12. 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.			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
14. Well head completion: _____ Pitless adapter 28 inches above grade			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ 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 _____ 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: _____ Submersible _____ Turbine _____ _____ Jet _____ Reciprocating _____ _____ Centrifugal _____ Other _____		
18. Elevation:			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. _____ Address Box AA Liberal, Kansas Signed Edward E. Meane Date 8-20-79 Authorized representative		
19. Remarks:					

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

Form WWC-5