

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. #12511

Colburn 1-19

1. Location of well:		County <b>Seward</b>	Fraction <b>CSW 1/4 SE 1/4 SW 1/4</b>	Section number <b>20</b>	Township number <b>T 33 S R 32 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>From Tucker Rd. go 5 mi. No. - 5 mi. Ea. - 1 1/4 No. - We. to location.</b>			3. Owner of well: <b>Sage Drilling Company</b> R.R. or street: <b>500 Bitting Bldg.</b> City, state, zip code: <b>Wichita, Kansas 67202</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>9</u> in. Completion date <u>7/19</u> Well depth <u>240</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 _____ Height: Above or below Threaded _____ Welded _____ Surface <u>28</u> in. RMP _____ 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>240</u> ft. depth; gage No. <u>265</u>		
Clay, Fine sand & med. to lge. sand		2	40	10. Screen: Manufacturer's name _____ <u>Sawed perf.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>60"</u> Set between <u>175</u> ft. and <u>235</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8-3/16</u>		
Fine sand & med. to lge. sand		40	160	11. Static water level: _____ mo./day/yr. <u>65</u> ft. below land surface Date <u>7/19/76</u>		
Clay, Fine sand & med. to lge. sand		160	180	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.		
Fine sand & med. to lge. sand		180	230	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Clay, Fine sand & med. to lge. sand		230	240	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> yes 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: ft. <u>100</u> Direction <u>NE</u> Type <u>oil well</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		
				(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 Service, 118</b> Business name License No. Address <b>Box 275, Liberal, Ks.</b> Signed <b>Edward E. Means</b> Date <b>7/30</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5