

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. #15048

Baughman O-#2

1. Location of well:	County Morton	Fraction 1/4 1/4 SW/4	Section number 19	Township number T 33 S R 42 E/W	Range number 42
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2. Distance and direction from nearest town or city: From Elkhart go 11 miles North on Hwy 27 - 13/4 m. West - 1/4 m. North to location.	3. Owner of well: Cities Service Company R.R. or street: 3545 NW 58th Street City, state, zip code: Oklahoma City, Ok 73112
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4. Locate with "X" in section below: N W E S 1 Mile 1 Mile	Sketch map: 1/4 North to Loc. 11/4 West Elkhart	6. Bore hole dia. 9 in. Completion date 10-9 Well depth 260 ft.
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5. Type and color of material	From	To	10. Screen: Manufacturer's name Sawed perf.
Surface	0	2	Type PVC Dia. 5"
Clay & Caliche	2	50	Slot/gauze _____ Length 100'
Fine sand & sandy clay	50	110	Set between 150 ft. and 250 ft.
Fine sand	110	150	Gravel pack? yes Size range of material 1/8-3/16
Sand stone	150	240	11. Static water level: _____ mo./day/yr. 110 ft. below land surface Date 10-9-78
Redbed	240	260	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 X No _____ Date _____
			14. Well head completion: _____ Pitless adapter 28 Inches above grade
			15. Well grouted? yes With: X Neat cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.
			16. Nearest source of possible contamination: ft. 100 Direction NE Type oil well Well disinfected upon completion? X Yes _____ No _____
			17. Pump: X 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:	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. Carlile Water Well Service Business name _____ License No. _____ Address Box AA, Liberal, KS Signed Edward E. Means Date 10-12-78 Authorized representative
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CSW