

PERMIT #T79-2

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. #15340

Goodnight #1-13

Mount Helen

1. Location of well:	County Meade	Fraction C 1/4 NE 1/4 NE 1/4	Section number 13	Township number T 34S	Range number S R 26W	E/W
2. Distance and direction from nearest town or city: From Stop sign 22miles SE of Meade Lake on Hwy 23 gp			3. Owner of well: Sage Drilling Company			
Street address of well location if in city: 5m East - 4m North - 1 m. East - South to loc.			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. <u>9</u> in. Completion date <u>12-29</u>			
<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> <p>Sketch map:</p> <p>Meade Lake</p> <p>Hwy 23</p> <p>5m East</p> <p>4m North</p> <p>1 m. East - South to loc.</p> </div> </div>			Well depth <u>100</u> ft.			
			7. <input checked="" 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			
			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			
			9. Casing: Material <input type="checkbox"/> Height: <u>Above</u> 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>30</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>30</u> ft. depth gage No. <u>265</u>			
5. Type and color of material			From	To		
Surface			0	2	10. Screen: Manufacturer's name <u>Sawed perf.</u>	
Clay			2	30	Type <u>PVC</u> Dia. <u>5"</u>	
Blue clay & gravel 35-65			30	65	Slot/gauze <u>70'</u>	
Clay & medium to large sand			65	87	Set between <u>30</u> ft. and <u>100</u> ft.	
Redbed			87	100	Gravel pack? <u>yes</u> Size range of material <u>1/8-3/16</u>	
					11. Static water level: <u>22</u> ft. below land surface Date <u>12/29/78</u>	
					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.	
					13. Water sample submitted: ____ mo./day/yr.	
					____ Yes <input checked="" type="checkbox"/> No Date ____	
					14. Well head completion:	
					____ Pitless adapter <u>28</u> Inches above grade	
					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:	
					ft. <u>100</u> Direction <u>NE</u> Type <u>Oilwell</u>	
					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:	
					<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: <u>2110</u> Topography: <u>7m</u>		19. Remarks: <u>2110</u> <u>27</u> <u>208</u>		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 118 Business name License No. ____ Address <u>Box AA, Liberal, KS 67901</u> Signed <u>Edward E. Means</u> Date <u>1-11-79</u> Authorized representative		

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

Form WWC-5

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 13
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