

| | | | | | | | |
|---|--|-----------------------------------|---|------------------------------------|------------------------|----|----------------|
| 1 LOCATION OF WATER WELL | | Fraction | Section Number | Township Number | Range Number | | |
| County: <u>Meade</u> | | <u>1/4</u> <u>C-SW</u> <u>1/4</u> | <u>15</u> | <u>T 34</u> <u>S</u> | <u>R 28</u> <u>E/W</u> | | |
| Distance and direction from nearest town or city? <u>From Meade Jct East of Meade Lake go 5mi South 3/4mi</u> | | | Street address of well if located within city? <u>West South into location.</u> | | | | |
| 2 WATER WELL OWNER: <u>Sage Drilling</u> | | | Verbal approval <u>2-16-81</u> | | | | |
| RR#, St. Address, Box # : <u>222 Sutton Place</u> | | | Board of Agriculture, Division of Water Resources | | | | |
| City, State, ZIP Code : <u>Wichita, Kansas 67202</u> | | | Application Number: <u>T 81-112</u> | | | | |
| 3 DEPTH OF COMPLETED WELL... <u>100</u> ... ft. Bore Hole Diameter... <u>9</u> ... in. to... ft., and... in. to... ft. | | | | | | | |
| Well Water to be used as: | | | | | | | |
| 1 Domestic | | 3 Feedlot | | 5 Public water supply | | | |
| 2 Irrigation | | 4 Industrial | | 6 Oil field water supply | | | |
| | | 7 Lawn and garden only | | 8 Air conditioning | | | |
| | | | | 9 Dewatering | | | |
| | | | | 11 Injection well | | | |
| | | | | 12 Other (Specify below) | | | |
| | | | | 10 Observation well | | | |
| Well's static water level <u>Dry hole</u> ft. below land surface measured on... month... day... year | | | | | | | |
| Pump Test Data : Well water was... ft. after... hours pumping... gpm | | | | | | | |
| Est. Yield gpm: Well water was... ft. after... hours pumping... gpm | | | | | | | |
| 4 TYPE OF BLANK CASING USED: | | | | | | | |
| 1 Steel | | 3 RMP (SR) | | 5 Wrought iron | | | |
| 2 PVC | | 4 ABS | | 6 Asbestos-Cement | | | |
| | | | | 7 Fiberglass | | | |
| | | | | 8 Concrete tile | | | |
| | | | | 9 Other (specify below) | | | |
| | | | | Casing Joints: Glued... Clamped... | | | |
| | | | | Welded... | | | |
| | | | | Threaded... | | | |
| Blank casing dia... in. to... ft., Dia... in. to... ft., Dia... in. to... ft. | | | | | | | |
| Casing height above land surface... in., weight... lbs./ft. Wall thickness or gauge No... | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| 1 Steel | | 3 Stainless steel | | 5 Fiberglass | | | |
| 2 Brass | | 4 Galvanized steel | | 6 Concrete tile | | | |
| | | | | 7 PVC | | | |
| | | | | 8 RMP (SR) | | | |
| | | | | 9 ABS | | | |
| | | | | 10 Asbestos-cement | | | |
| | | | | 11 Other (specify) | | | |
| | | | | 12 None used (open hole) | | | |
| Screen or Perforation Openings Are: | | | | | | | |
| 1 Continuous slot | | 3 Mill slot | | 5 Gauzed wrapped | | | |
| 2 Louvered shutter | | 4 Key punched | | 6 Wire wrapped | | | |
| | | | | 7 Torch cut | | | |
| | | | | 8 Saw cut | | | |
| | | | | 11 None (open hole) | | | |
| | | | | 9 Drilled holes | | | |
| | | | | 10 Other (specify) | | | |
| Screen-Perforation Dia... in. to... ft., Dia... in. to... ft., Dia... in. to... ft. | | | | | | | |
| Screen-Perforated Intervals: From... ft. to... ft., From... ft. to... ft., From... ft. to... ft. | | | | | | | |
| Gravel Pack Intervals: From... ft. to... ft., From... ft. to... ft., From... ft. to... ft. | | | | | | | |
| 5 GROUT MATERIAL: | | | | | | | |
| 1 Neat cement | | 2 Cement grout | | 3 Bentonite | | | |
| 4 Other | | | | | | | |
| Grouted Intervals: From... ft. to... ft., From... ft. to... ft., From... ft. to... ft. | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | |
| 1 Septic tank | | 4 Cess pool | | 7 Sewage lagoon | | | |
| 2 Sewer lines | | 5 Seepage pit | | 8 Feed yard | | | |
| 3 Lateral lines | | 6 Pit privy | | 9 Livestock pens | | | |
| | | | | 10 Fuel storage | | | |
| | | | | 11 Fertilizer storage | | | |
| | | | | 12 Insecticide storage | | | |
| | | | | 13 Watertight sewer lines | | | |
| | | | | 14 Abandoned water well | | | |
| | | | | 15 Oil well/Gas well | | | |
| | | | | 16 Other (specify below) | | | |
| Direction from well... How many feet... ? Water Well Disinfected? Yes... No... | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes... No... If yes, date sample was submitted... month... day... year | | | | | | | |
| If Yes: Pump Manufacturer's name... Model No... HP... Volts... | | | | | | | |
| Depth of Pump Intake... ft. Pumps Capacity rated at... gal./min. | | | | | | | |
| Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other | | | | | | | |
| 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on... <u>February</u> ... month... <u>18th</u> ... day... <u>1981</u> ... year | | | | | | | |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>118</u> | | | | | | | |
| This Water Well Record was completed on... <u>February</u> ... month... <u>27th</u> ... day... <u>1981</u> ... year under the business name of <u>Carlile Water Well Service</u> by (signature) <u>Edward E. Means</u> | | | | | | | |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | | | | | |
| | | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
| | | 0 | 2 | Surface | | | |
| | | 2 | 10 | Fine sand | | | |
| | | 10 | 100 | Redbed | | | |
| | | Plugged water well | | | | | |
| | | 0 | 3 | Dirt | | | |
| | | 3 | 13 | Cement | | | |
| | | 13 | 100 | Drilling cuttings | | | |
| | | | | | | | |
| | | | | | | | |
| ELEVATION: | | | | | | | |
| Depth(s) Groundwater Encountered 1... ft. 2... ft. 3... ft. 4... ft. (Use a second sheet if needed) | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records. | | | | | | | |

OFFICE USE ONLY

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