

Permit # T79-71

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.WATER WELL RECORD  
KSA 82a-1201-1215Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

CWW Inv. 15817

Adams #2-6

1. Location of well:	County <b>Meade</b>	Fraction D <b>A</b> C NE 1/4 NE 1/4 SW 1/4	Section number <b>6</b>	Township number T <b>34S</b> S R	Range number 29W E/W
2. Distance and direction from nearest town or city: caution light on Meade Lake Rd. 3 miles East of south 1/2 mile East to location.			3. Owner of well: <b>Sage Drilling Company</b> R.R. or street: <b>222 Sutton Place</b> City, state, zip code: <b>Wichita, KS. 67202</b>		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile Sketch map: OPLAINS 4 mls S. CL 3 mls E 3 1/2 S 1/2 mi			6. Bore hole dia. <u>9</u> in. Completion date <u>5-9-79</u> Well depth <u>260</u> ft.		
5. Type and color of material			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		
			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: Above 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>180</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>180</u> ft. depth gage No. <u>265</u>		
			10. Screen: Manufacturer's name <u>Sawed Perf</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>80'</u> Set between <u>180</u> ft. and <u>260</u> ft. Set between <u>180</u> ft. and <u>260</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8-3/16</u>		
			11. Static water level: <u>137</u> ft. below land surface Date <u>5-9-79</u> mo./day/yr.		
(Use a second sheet if needed)			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>65</u> g.p.m.		
			13. Water sample submitted: ____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date ____		
			14. Well head completion: <input type="checkbox"/> 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 <input type="checkbox"/> No		
(Use a second sheet if needed)			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		
			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. <u>Carlile Water Well Service</u> Business name License No. ____ Address <u>Box AA, Liberal, Ks.</u> Signed <u>Edward E. Means</u> Date <u>5-16-79</u> Authorized representative		
			18. Elevation:		
			19. Remarks:		
			Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		

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

Form WWC-5