

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

Permit no 79-267

CWW 16504

Adams #1-17

1. Location of well: County <b>Meade</b>		Fraction <b>SE 1/4 SW 1/4 NW 1/4</b>		Section number <b>17</b>	Township number <b>T 34 S R 29 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>From Meade Lake go 7mi S. to Booster Plant then 1 1/2 mi west then 1 1/2 mi north to location</b>			3. Owner of well: <b>Sage Drilling</b> R.R. or street <b>222 Sutton Place</b> City, state, zip code: <b>Wichita, Kansas 67202</b>			
X Locate with "X" in section below: 		Sketch map:		6. Bore hole dia. <b>5</b> in. Completion date <b>11-29-79</b> Well depth <b>260</b> ft.		
5. Type and color of material		From	To	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		
<b>Surface</b>		<b>0</b>	<b>2</b>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input 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		
<b>Clay &amp; fine sand</b>		<b>2</b>	<b>18</b>	9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <b>28</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.78</b> lbs./ft. Dia. <b>5</b> in. to <b>160</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gauge No. <b>.256</b>		
<b>Clay</b>		<b>18</b>	<b>85</b>	10. Screen: Manufacturer's name _____ Type <b>Sawed PVC</b> Dia. <b>5"</b> Slot/gauze <b>.030</b> Length <b>100'</b> Set between <b>160</b> ft. and <b>260</b> ft. _____ ft. and _____ ft.		
<b>Caliche</b>		<b>85</b>	<b>135</b>	Gravel pack? <input checked="" type="checkbox"/> Yes _____ size range of material <b>1/8-3/16</b>		
<b>Clay</b>		<b>135</b>	<b>170</b>	11. Static water level: _____ mo./day/yr. <b>115</b> ft. below land surface Date <b>11-29-79</b>		
<b>Medium to large sand</b>		<b>170</b>	<b>195</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>60</b> g.p.m.		
<b>Sandy clay</b>		<b>195</b>	<b>213</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<b>Medium to large sand</b>		<b>213</b>	<b>245</b>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>28</b> inches above grade		
<b>Fine sand &amp; sandy clay</b>		<b>245</b>	<b>260</b>	15. Well grouted? <input checked="" type="checkbox"/> Yes _____ With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>N.E.</b> Type <b>Oil well</b> 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 _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> 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. <b>118</b> <b>Carlile Water Well Services</b> Business name License No. _____ Address <b>Box AA Liberal, Kansas</b> Signed <b>Edward E. Means</b> Date <b>12-10-79</b> Authorized representative		

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

Form WWC-5