

PERMIT #T79-9

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

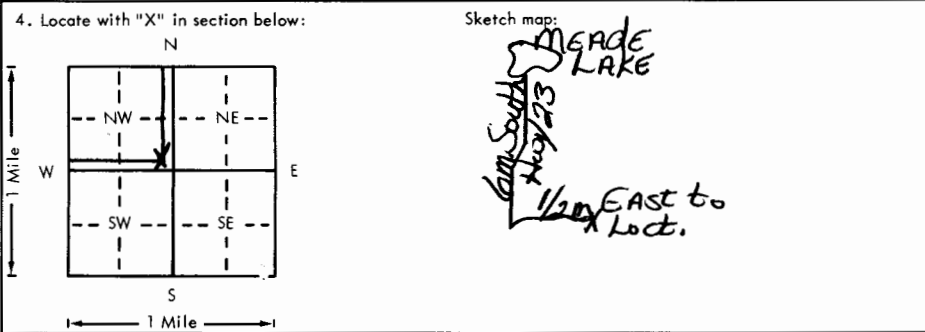
Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

CWW Inv. #15405

Adams #1-22

1. Location of well:	County <b>Meade</b>	Fraction 0 0 B C-SE 1/4 SE 1/4 NW 1/4	Section number <b>22</b>	Township number T <b>34S</b> S R	Range number <b>29W</b> E/W
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2. Distance and direction from nearest town or city: <b>From Meade Lake go 6m South (1/2m North of Gas Plant) then 1/2m East to location.</b>	3. Owner of well: <b>Sage Drilling Company</b> R.R. or street: <b>222 Sutton Place</b> City, state, zip code: <b>Wichita, Kansas 67202</b>
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6. Bore hole dia. <u>9</u> in. Completion date <u>1-18</u> Well depth <u>360</u> ft.
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 _____ Height: Above or below Threaded _____ Welded _____ Surface <u>28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>280</u> depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>265</u>

5. Type and color of material	From	To
Surface	0	4
Clay	4	80
Clay, fine sand & medium to large sand	80	205
Clay with streaks of fine & med. to lge. sand	205	305
Medium to large sand	305	350
Clay 50% & medium to large sand 50%	350	360
(Use a second sheet if needed)		

10. Screen: Manufacturer's name _____ <b>Sawed perf.</b> Type <u>PVC</u> Dia. <u>5"</u> <input checked="" type="checkbox"/> Slot/gauze Length <u>80'</u> Set between <u>280</u> ft. and <u>360</u> ft. _____ ft. and _____ ft. Gravel pack <u>yes</u> Size range of material <u>1/8-3/16</u>
11. Static water level: _____ mo./day/yr. <u>119</u> ft. below land surface Date <u>1/18/79</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>?</u> _____ g.p.m.
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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
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

18. Elevation: 2480 ftm

Topography:  
 Hill  
 Slope  
 Upland  
 Valley

19. Remarks:  
2480  
2471

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 Box AA, Liberal, KS 67901  
Signed Edward C. Means Date 1-26-79  
Authorized representative

34 29 W 2205 E 29 W

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

Form WWC-5