

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. #13673

Adams #1-27

*I well slots*

1. Location of well:		County <b>Meade</b>	Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	Section number <b>27</b>	Township number T <b>34S</b> S R	Range number <b>29W</b> E/W
2. Distance and direction from nearest town or city: <b>From Port of Entry South of Meade Lake. go <math>\frac{1}{2}</math> mi. South - <math>\frac{1}{4}</math> mi. East - South to location.</b>			3. Owner of well: <b>Sage Drilling Company</b> R.R. or street: <b>500 Bitting Building</b> City, state, zip code: <b>Wichita, Kansas 67202</b>			
4. Locate with "X" in section below:		Sketch map: <i>Port of Entry So. of MEADE LK.</i> <i>1/4 East</i> <i>South to loc.</i>		6. Bore hole dia. <u>10</u> in. Completion date <u>7-22-77</u> Well depth <u>360</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		
5. Type and color of material				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>295</u> ft. depth Wall Thickness: inches or Dia. <u>2</u> in. to <u>360</u> ft. depth gage No. <u>265</u>		
				10. Screen: Manufacturer's name _____ <b>Sawed perf.</b> Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauze <u>030</u> Length <u>60'</u> Set between <u>295</u> ft. and <u>355</u> ft. Set between _____ ft. and _____ ft. Gravel pack <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>1/8-3/16</u>		
				11. Static water level: _____ mo./day/yr. <u>160</u> ft. below land surface Date <u>7/22/77</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>30</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" 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>oil well</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		
				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>Carlile Water Well Ser. 118</b> Business name _____ License No. _____ Address <u>Box 275, Liberal, KS</u> Signed <u>Edward E. Mease</u> Date <u>7/16/77</u> Authorized representative		
18. Elevation: <u>2490</u> <i>fm</i> Topography: <u>(ar)</u> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>2490</u> <u>160</u> <u>2330</u>				

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

Form WWC-5