

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

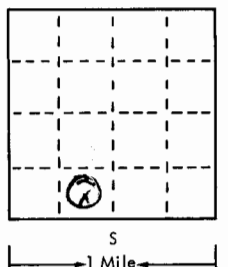
Adams 1-35

CWW Inv. #11369

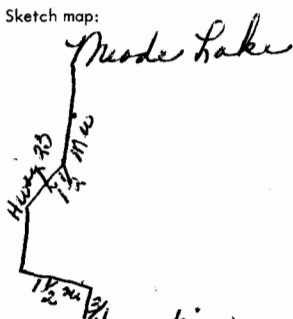
1 Location of well:	County Meade	Township name	Fraction SE SW	Section number 35	Town number 34S	Range number 29W
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Distance and direction from nearest town or city: 7 1/2 miles south of Meade Lake, 1 1/2 east, 3/4 south.	3 Owner of well: Sage Drilling Company 500 Bitting Bldg. Wichita, Kansas 67202
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Locate with "X" in section below:



Sketch map:



2 Type and color of material	From	To
	Surface	0
Sandy clay	2	20
Fine sand	20	40
Clay	40	80
Coarse sand & clay	80	100
Coarse sand	100	120
<i>U.R.?</i>		
(use a second sheet if needed)		

16 Remarks: elevation

Topography:

- Hill
- Slope
- Upland
- Valley

Need better location

4 Well depth: **220** ft. Date of completion **6-2-75**
Well diameter **9** in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well Oil Rig

7 Casing: Material **PVC** Height: above/below
Threaded Welded Surface **28** in.
Diam. **5** in. to **160** ft. depth Drive shoe? Yes No
5 in. to **220** ft. depth

8 Screen: Manufacturer **Wesco**
Type **pvc** Dia. **5"**
Slot/gauze **.030** Length **10'**
Set between **170** ft. and **180** ft.
Fittings: **1/8 - 3/16**
Gravel pack Yes No Size range of material

9 Static water level:
113 ft. below land surface Date **6-2-75**

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **50** g.p.m.

11 Water sample submitted:
 Yes No Date

12 Well head completion:
 Pitless adapter **28** inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite
Depth: From **0** ft. to **10** ft.

14 Nearest source of possible contamination:
ft. **100** Direction **NE** Type **Oil Well**
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

17 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 118
Business name **Box 275, Liberal, Ks.** License No. _____
Address _____
Signed **Edward E. Means** Date **6-13-75**
Authorized representative

34 29W 35 SE SW