

PERMIT #T78-80

MT-1122N

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. #14580

Theis 1-16A

1. Location of well:		County Clark	Fraction 1/4 SW 1/4 NE 1/4	Section number 16	Township number T 35S S R 25W E/W	Range number
2. Distance and direction from nearest town or city: From Meade Lk. follow blcktp Ea till stop sign We. of Englewood From stp sign go 5m Ea - 2m So. - 3m Ea			3. Owner of well: Sage Drilling Company R.R. or street: 500 Bitting Building City, state, zip code: Wichita, Kansas 67202			
4. Locate with "X" in section below:		Sketch map: North to location Or from Englewood go 3m. SW - 1/2m West and North to location.			<input checked="" type="checkbox"/> Bore hole dia. <u>9</u> in. Completion date <u>4-29-78</u> Well depth <u>120</u> ft.	
		North to location Englewood 3m SW 1/2m West North to 1/2m West			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		From	To	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		
Surface		0	2	9. Casing: Material _____ Height: <u>Above</u> or below Threading: _____ Dia. <u>28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>120</u> ft. depth gage No. <u>265</u>		
Sandy clay		2	30	<input checked="" type="checkbox"/> Screen: Manufacturer's name _____ Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>60'</u> Set between <u>55</u> ft. and <u>115</u> ft. _____ ft. and _____ ft. Gravel pack <u>yes</u> Size range of material <u>1/8-3/16</u>		
Clay		30	60	11. Static water level: _____ mo./day/yr. <u>40</u> ft. below land surface Date <u>4/29/78</u>		
Fine sand & medium to small sand		60	90	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.		
Clay		90	100	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Fine sand & medium to small sand & redbed 5%		100	110	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> inches above grade		
Redbed		110	120	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.		
Alluvium				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:		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. <u>Carlile Water Well Serv. 118</u> Business name License No. _____ Address <u>Box AA, Liberal, KS 67901</u> Signed <u>Edward E. Means</u> Date <u>5-2-78</u> Authorized representative		

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

Form WWC-5