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

CORD
1215
7 not flat

Distance and direction from nearest town or city: 6 south of Meade
Lake, 4 east, 3 south
Street address of well location if in city:

3 Owner of well: Sage Drilling Company
Address: 500 Bitting Bldg.
Wichita, Kansas 67202

Sketch map:

Meade Co. Lake

6 m.

4 m.

3 m.

Loc. 1

4 Well depth: 220 ft. Date of completion 6-21-75
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. Weight 2.79 lbs./ft.
5 in. to 170 ft. depth Drive shoe? ☐ Yes ☒ No
5 in. to 220 ft. depth

8 Screen:
 Manufacturer None
 Type _____ Dia. _____
 Slot/gauze _____ Length _____
 Set between _____ ft. and _____ ft.
 Fittings: 1/8 to 3/16
 Gravel pack ☒ Yes ☐ No Size range of material _____

9 Static water level:
60 ft. below land surface Date 6-24-75

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 70 ft.

14 Nearest source of possible contamination:
ft. 100 Direction NW Type oil
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:

<input type="checkbox"/> Submersible	<input type="checkbox"/> Turbine
<input type="checkbox"/> Jet	<input type="checkbox"/> Reciprocating
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> 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 _____ License No. _____
Address Box 275, Liberal, Kansas
Signed Edward E. Means Date 7-1-75
Authorized representative _____

16 Remarks: elevation
2375 (Est) *Thm*
Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley