

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

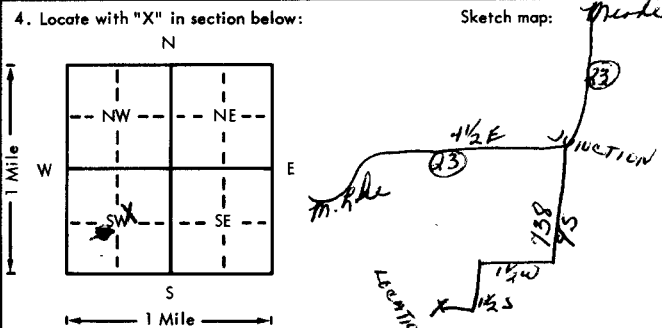
WATER WELL RECORD
KSA 82a-1201-1215

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

Inv 12047

Adams 1-9

2.006 12047 SE

1. Location of well:		County Meade	Fraction SW 1/4 NE 1/4 SW 1/4	Section number 9	Township number T 35 S	Range number R 28 E/W
2. Distance and direction from nearest town or city: 1 1/2 miles east of Meade Lake, 9 south, 1 1/2 west, 1 1/2 south. Street address of well location if in city:				3. Owner of well: Rains & Williamson Oil Co., Inc. R.R. or street: 435 Page Court, 220 West Douglas City, state, zip code: Wichita, Kansas 67202		
4. Locate with "X" in section below: 				6. Bore hole dia. 9 in. Completion date 2-9-76 Well depth 320 ft.		
5. Type and color of material				7. 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 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				9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 28 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 2.78 lbs./ft. Dia 5 in. to 235 ft. depth Wall Thickness: inches or Dia 7 in. to 320 ft. depth gage No. .265		
				10. Screen: Manufacturer's name <input type="checkbox"/> sawed perf. Type PVC Dia. 5 in. Slot/gauze .030 Length 80 Set between 235 ft. and 315 ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material 1/8 to 3/16		
Clay				11. Static water level: <input type="checkbox"/> mo./day/yr. 142 ft. below land surface Date 2-9-76		
Clay and fine sand				12. Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield 52 g.p.m.		
Clay				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
Clay and fine sand 50-50				14. Well head completion: Pitless adapter 28 inches above grade		
Clay and fine sand				15. Well grouted? <input checked="" type="checkbox"/> yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
Clay and med. to large sand 15-85				16. Nearest source of possible contamination: ft. 100 Direction NE Type oilwell Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: 2905 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		
				19. Remarks: 2905 142 2263		
				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 118 Business name <input type="checkbox"/> Box 275, Liberal, Kansas Address <input type="checkbox"/> Edward E. Means Signed <input type="checkbox"/> Date 2/20 Authorized representative		

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

Form WWC-5