

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

WATER WELL RECORD
KSA 82g-1201-1215

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

Adams 2-11 CWW Inv. #12455

County Meade	Fraction B C 1/4 NW 1/4 SW 1/4	Section number 11
Township number T 35 S R 29 EAW		

1. Location of well:

2. Distance and direction from nearest town or city:
From So. side of Cimaron River brdg. go 1½ mi Ea. on hiway Street address of well location if in city:
23 to trailor - 1 mi Ea. - North into loca.

3. Owner of well: **Triad Drilling Company**
R.R. or street: **1100 Bitting Bldg.**
City, state, zip code: **Wichita, Kansas 67202**

4. Locate with "X" in section below:

Sketch map:

5. Type and color of material

	From	To
Surface	0	2
Fine & med. to lge. sand	2	16
Clay	16	18
Med. to lge. sand	18	32
Clay	32	34
Med. to lge. sand	34	40

6. Bore hole dia. **9** in. Completion date **7/5**
Well depth **40** ft.

7. Cable tool ☒ Rotary ☐ Driven ☐ Dig
Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

8. Use: Domestic ☐ Public supply ☒ Industry
Irrigation ☐ Air conditioning ☐ Stock
Lawn ☒ Oil field water ☐ Other

9. Casing: Material **steel** Height: Above or below
Threaded ☒ Welded ☐ Surface **28** in.
RMP ☐ PVC ☒ Weight **3#** lbs./ft.
Dia. **2** in. to **19** ft. depth Wall Thickness: inches or
Dia. _____ in. to _____ ft. depth gage No. **.125**

10. Screen: Manufacturer's name
DORCH CUT
Type **Steel** Dia. **2"**
Slot/gauze **.030** Length **21'**
Set between **19** ft. and **40** ft.
Gravel pack? **yes** Size range of material **1/8-3/16**

11. Static water level: _____ mo./day/yr.
5-10 ft. below land surface Date **7/5/76**

12. Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **100** g.p.m.

13. Water sample submitted: _____ mo./day/yr.
Yes ☒ No ☐ Date _____

14. Well head completion:
Pitless adapter **28** Inches above grade

15. Well grouted? **yes**
With: ☒ Neat cement ☐ Bentonite ☐ Concrete
Depth: From **0** ft. to **10** ft.

16. Nearest source of possible contamination:
ft. **100** Direction **NE** Type **oilwell**
Well disinfected upon completion? ☒ Yes ☐ No

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

(Use a second sheet if needed)

18. Elevation:
2305

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

19. Remarks:
2705

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 Service
Business name License No.
Address **Box 275 Liberal, Ks.**
Signed **Edward E. Means** Date **7/28**
Authorized representative

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

Form WWC-5

MI-1023