

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

Permit no 79-159

CWW 16247

Adams F-17

1. Location of well:		County Meade	Fraction X/4 C-SE 1/4 NW 1/4	Section number 15	Township number T 35 S R 29 E/W
2. Distance and direction from nearest town or city: 2mi E. then 7 1/2 mi N. 2 1/2 mi E. to Ranch Street address of well location if in city: Hou. 1/2 mi S. back E. to location			3. Owner of well: Service Drilling R.R. or street: Box 5320 City, state, zip code: Borger, Texas 79007		
4. Locate with "X" in section below:		Sketch map:			
5. Type and color of material		From	To	6. Bore hole dia. 9 in. Completion date 9-11-79 Well depth 260 ft.	
Surface		0	2	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	
Medium to large sand		2	26	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	
Clay		26	62	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 2.56 lbs./ft. Dia. 5 in. to 180 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 278	
Fine sand		62	83	10. Screen: Manufacturer's name <input type="checkbox"/> Type Sawed Dia. 5" Slot/gauze .030 Length 80 Set between 180 ft. and 260 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? Yes Size range of material 1/8-3/16	
Clay		83	162	11. Static water level: <input type="checkbox"/> mo./day/yr. 108 ft. below land surface Date 9-11-79	
Medium to large sand		162	179	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 60 g.p.m.	
Clay		179	183	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
Medium to large sand		183	226	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 28 inches above grade	
45% clay & 55% fine sand		226	242	15. Well grouted? Yes With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to 10 ft.	
Clay		242	260	16. Nearest source of possible contamination: ft. 100 Direction N.E. Type Oil well Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				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: 2445 ft.	
				19. Remarks: 2445 108 233	
				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. 118 Carlile Water Well Service Business name Box AA Liberal, Kansas License No. <input type="checkbox"/> Address Edward E. Means Date 9-17 Signed <input type="checkbox"/> Authorized representative	

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

Form WWC-5