Permit No. T 79-81

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLly, 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 15882

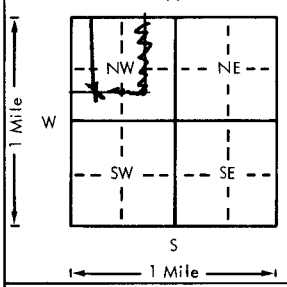
Adams #1-4

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Meade	X/C-SW 1/4 NW 1/4	4	T 35 S	R 30 E/W

2. Distance and direction from nearest town or city: From Plains Ks. appr. 16mi south ½ mi west to location
Street address of well location if in city:

3. Owner of well: Sage Drilling Company
R.R. or street: 222 Sutton Place
City, state, zip code: Whichita, Kans. 67202

X. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 9 in. Completion date
Well depth 120 ft. 5-29-79

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

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

9. Casing: Material
Threaded ___ Welded ___
RMP ___ PVC X
Dia. 5 in. to 60 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 28 in.
Weight 2.78 lbs./ft.
Wall Thickness: inches or gage No. .265

5. Type and color of material	From	To
Surface	0	2
Medium to large sand	2	68
Clay 20% & medium to large sand 80%	68	102
Medium to large sand	102	118
Clay	118	120

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sawed perf
Type PVC Dia. 5
Slot/gauze .030 Length 60
Set between 60 ft. and 120 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/8-1/16

11. Static water level: mo./day/yr.
64 ft. below land surface Date 5-29-79

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 60 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes XX No Date

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

15. Well grouted? YES
With: X 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? X Yes __ No

17. Pump: X 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

35 T 30 R E 4 Sec CSW 1/4 1/4 1/4

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ Valley

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. 118
Carlile Water Well Service
Business name License No.
Address Box AA Liberal Ks. 67901
Signed Edward E. Means Date 5-6-79
Authorized representative

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

Form WWC-5

MI-1023