

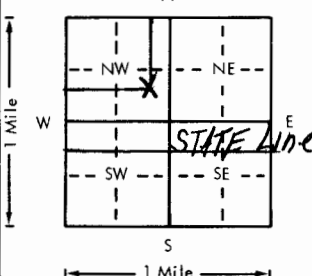
USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

Permit No 79-194 WATER WELL RECORD  
KSA 82a-1201-1215

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

CWW 16317

Jessie Adams B#6

1. Location of well:		County <b>Meade</b>	Fraction <b>NE 1/4 SE 1/4 NW 1/4</b>	Section number <b>13</b>	Township number <b>T 35 S R 30 E/W</b>	Range number <b>30</b>
2. Distance and direction from nearest town or city: <b>From Forgan go 6 mi North thru cattle guard 1 1/2 mi N. to Y take left fork to location</b>				3. Owner of well: <b>Service Drilling</b> R.R. or street: <b>Box 5320</b> City, state, zip code: <b>Borger, Texas 79007</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9"</b> in. Completion date <b>10-2-79</b> Well depth <b>60</b> ft.		
				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		
5. Type and color of material		From	To	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		
<b>Surface</b>		<b>0</b>	<b>2</b>	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>28</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.78</b> lbs./ft. Dia. <b>5</b> in. to <b>6</b> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; Gauge No. <b>265</b>		
<b>40% medium to large sand &amp; 60% rock</b>		<b>2</b>	<b>23</b>	10. Screen: Manufacturer's name Type <b>Sawed</b> Dia. <b>5"</b> Slot/gauze <b>.030</b> Length <b>54</b> Set between <b>6</b> ft. and <b>60</b> ft. Gravel pack? <b>Yes</b> Size range of material <b>1/8-3/16</b>		
<b>Red bed</b>		<b>23</b>	<b>60</b>	11. Static water level: <b>8</b> ft. below land surface Date <b>10-2-79</b>		
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>60</b> g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion: ____ Pitless adapter <b>28</b> inches above grade		
				15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>N.E.</b> Type <b>Oil well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ 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		
		(Use a second sheet if needed)				
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <b>118</b> <b>Carlile Water Well Service</b> Business name License No. ____ Address <b>Box AA Liberal, Kansas</b> Signed <b>Edward E. Means</b> Date <b>10-16-79</b> Authorized representative				

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

Form WWC-5