

PERMIT #T-78-103

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

CWW Inv. #14724

Adams #1

1. Location of well:	County Meade	Fraction Center of 1/4 1/4 1/4	Section number 17	Township number T 35S S R	Range number 30W E/W		
2. Distance and direction from nearest town or city: From Forgan go 5m West - 6m North - 1/2m. East - 3m NE to location.			3. Owner of well: Rine Drilling Company R.R. or street: Box 1226 City, state, zip code: Woodward, Oklahoma 73801				
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <i>5m West From Forgan NE to Loc.</i> <i>1/2 East</i>		6. Bore hole dia. <u>9</u> in. Completion date <u>6-17</u> Well depth <u>100</u> ft.			
5. Type and color of material		From To		7. <input 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			
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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		0 2		9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>15</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>100</u> ft. depth gage No. <u>.265</u>	
		Fine sand		2 20		10. Screen: Manufacturer's name _____ Sawed perf. Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>60'</u> Set between <u>15</u> ft. and <u>75</u> ft. _____ ft. and _____ ft.	
		Medium to large sand & gravel 80-20		20 70		Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8-3/16</u>	
		Blue clay		70 80		11. Static water level: _____ mo./day/yr. <u>50</u> ft. below land surface Date <u>6/17/78</u>	
		Blue clay		80 100		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.	
						13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____	
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade	
						15. Well grouted? <input checked="" type="checkbox"/> yes With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NE</u> Type <u>oilwell</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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 _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____			
				(Use a second sheet if needed)			
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. Carlile Water Well Ser. 118 Business name _____ License No. _____ Address Box AA, Liberal, KS Signed <u>Edward S. Meam</u> Date <u>6-19-78</u> Authorized representative			

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

Form WWC-5