

Permit #T-78-217

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. #15262

Raymond #1

1. Location of well:		County Seward	Fraction 1/4 C-SW/4 SE	Section number 12	Township number T 35S S R	Range number 31W E/W
2. Distance and direction from nearest town or city: From Liberal go 13m East on Bluebell Rd then 3m South- 2m East - 1m North - Northeast to location.		3. Owner of well: Sage Drilling Company R.R. or street: 222 Sutton Place City, state, zip code: Wichita, Kansas 67202				
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <i>LIBERAL 13m East on BLUEBELL ROAD</i> <i>3m South</i> <i>2m East</i> <i>1m North</i> <i>NE to location</i>			6. Bore hole dia. <u>9</u> in. Completion date <u>12-8-78</u> Well depth <u>480</u> ft.	
5. Type and color of material		From	To	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		
Surface		0	2	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		
Clay and Caliche		2	80	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>480</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>265</u>		
Sandy clay		80	220	10. Screen: Manufacturer's name _____ Sawed perf. Type <u>PVC</u> Dia. <u>5 1/2"</u> Slot/gauze _____ Length <u>140'</u> Set between <u>340</u> ft. and <u>480</u> ft. _____ ft. and _____ ft.		
Medium to large sand		220	250	Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8-3/16</u>		
Blue clay		250	420	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date <u>12/8-78</u>		
Medium to large sand		420	480	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> 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 <input type="checkbox"/> Bentonite <input type="checkbox"/> 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 <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:		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 118 Business name License No. _____ Address Box AA, Liberal, KS 67901 Signed Edward E. Means Date 12/27/78 Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

35
 31W
 12
 CWSSE
 1/4
 1/4
 1/4

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

Form WWC-5