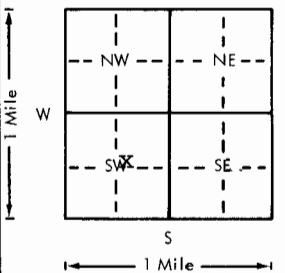


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1. Location of well:		County <b>Seward</b>	Fraction <b>SW 1/4 NE 1/4 SW 1/4</b>	Section number <b>33</b>	Township number <b>T 32 S</b>	Range number <b>R 32 E</b>
2. Distance and direction from nearest town or city: <b>Jct. 83 &amp; 160 south of Sublette go 3 south, 3 east, 3/4</b> Street address of well location if in city: <b>south, 1/4 east</b>				3. Owner of well: <b>Cecil Milhon</b> R.R. or street: <b>726 So. Cain</b> City, state, zip code: <b>Liberal, KS 67901</b>		
4. Locate with "X" in section below: N  W E S 1 Mile				Sketch map: <b>SW 1/4 of Sec. 33, T32S, R32W, Seward County, Kansas.</b>		6. Bore hole dia. <b>28</b> in. Completion date _____ Well depth <b>374</b> ft. <b>10-17-79</b>
5. Type and color of material				From	To	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary
						8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Surface and fine sand				0	15	9. Casing: Material <b>Steel</b> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC _____ Weight <b>37</b> lbs./ft. Dia <b>16</b> in. to <b>234</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>.219</b>
Brown clay				15	52	10. Screen: Manufacturer's name <b>Foster &amp; Doerr</b> Type <b>M/S, Louver</b> Dia. <b>16"</b> Slot/gauze <b>1/8"</b> Length <b>140</b> Set between <b>234</b> ft. and <b>374</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>2.2 mm</b>
Brown clay with sand streaks				52	70	11. Static water level: _____ mo./day/yr. <b>206</b> ft. below land surface Date <b>9-25-79</b>
Fine to medium coarse sand, loose				70	168	12. Pumping level below land surfaces: <b>252</b> ft. after <b>1</b> hrs. pumping <b>1627</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>2000</b> g.p.m.
Fine to medium sand, loose, clean				168	310	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Fine sand, loose with clay streaks				310	374	14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> _____ Inches above grade
Red bed				374	380	15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From _____ ft. to <b>10</b> ft.
(Use a second sheet if needed)						16. Nearest source of possible contamination: <b>Unknown</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No
						17. Pump: _____ Not installed Manufacturer's name <b>Layne &amp; Bowler</b> Model number <b>12KH</b> HP <b>124</b> Volts _____ Length of drop pipe <b>300</b> ft. capacity <b>900</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other
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. <b>Layne-Western Co., Inc. 102</b> Business name License No. _____ Address <b>Garden City, KS 67846</b> Signed <b>Steve Bowler</b> Date <b>11-27-79</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5