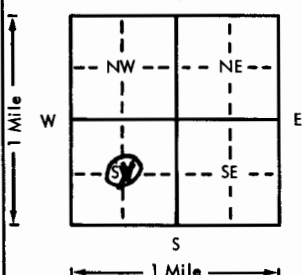
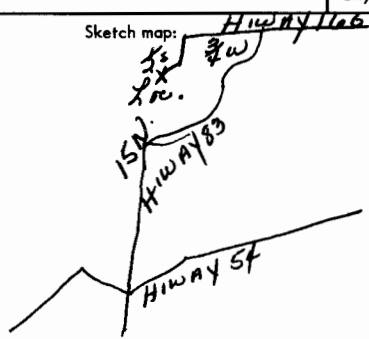


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

CWW Inv. # 13505 Printz #1

1. Location of well:	County <b>Seward</b>	Fraction 1/4 C 1/4 SW 1/4	Section number <b>14</b>	Township number T <b>32</b> S R	Range number <b>33</b> E/W
2. Distance and direction from nearest town or city: 3/4 west, 1/2 south and west to location. Street address of well location if in city:			Owner of well: <b>Service Drilling Company</b> R.R. or street: <b>Box 910</b> City, state, zip code: <b>Liberal, Kansas 67901</b>		
4. Locate with "X" in section below: 			Sketch map: 		
6. Bore hole dia. <b>9</b> in. Completion date <b>5-25-77</b> Well depth <b>300</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		
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			9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>28</b> in. RMP <b>5</b> PVC <input checked="" type="checkbox"/> Weight <b>2.78</b> lbs./ft. Dia. <b>5</b> in. to <b>160</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>300</b> ft. depth gauge No. <b>265</b>		
5. Type and color of material			10. Screen: Manufacturer's name <b>sawed perf.</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze _____ Length <b>100</b> Set between <b>160</b> ft. and <b>260</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/8 to 3/16</b>		
Surface			From <b>0</b> To <b>2</b>		
clay			From <b>2</b> To <b>70</b>		
sandy clay			From <b>70</b> To <b>85</b>		
Medium to large sand			From <b>85</b> To <b>258</b>		
Medium to lar. sand & blue sandy clay <b>60-40</b>			From <b>258</b> To <b>265</b>		
Blue clay			From <b>265</b> To <b>300</b>		
11. Static water level: _____ mo./day/yr. <b>180</b> ft. below land surface Date <b>5-25-77</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>40</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: _____ <input type="checkbox"/> 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>NE</b> Type <b>oilwell</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			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>Carlile Water Well 118</b> Business name License No. Address <b>Box 275, Liberal, Ks</b> Signed <b>Edward E. Means</b> Date <b>6-6-77</b> Authorized representative		

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

Form WWC-5