

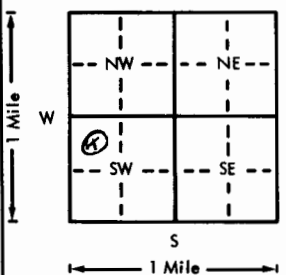
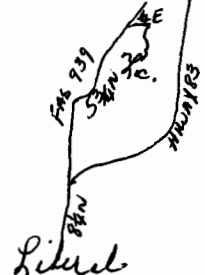
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

Hettie Jones 2-15

CWW Inv. # 12621

|   |                         |                                      |  |   |  |
|---|-------------------------|--------------------------------------|--|---|--|
| 1. Location of well:  | County<br><b>Seward</b> | Fraction<br><b>1/4 NW 1/4 SW 1/4</b> | Section number<br><b>15</b>  | Township number<br><b>T 32 S R 33 E/W</b> | Range number<br><b>33</b>  |
| 2. Distance and direction from nearest town or city: <b>14 miles north of Liberal, 1/4 east &amp; south to loc.</b>   |                         |                                      | 3. Owner of well: <b>Rains &amp; Williamson Oil Co. Rig #5</b><br>R.R. or street: <b>435 Page Court, 220 West Douglas</b><br>City, state, zip code: <b>Wichita, Kansas 67202</b>   |   |  |
| 4. Locate with "X" in section below:<br>  |                         |                                      | Sketch map:<br>   |   |  |
| 5. Type and color of material   |                         |                                      | From   | To  | 6. Bore hole dia. <b>9</b> in. Completion date <b>8-26</b><br>Well depth <b>220</b> ft.  |
| Surface   |                         |                                      | 0  | 2   | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |
| Sandy clay  |                         |                                      | 2  | 20  | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other   |
| Medium to large sand  |                         |                                      | 20   | 220                                       | 9. Casing: Material _____ Height: Above or below<br>Threaded _____ Welded _____ Surface <b>28</b> in.<br>RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.78</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>115</b> ft. depth; Wall Thickness: inches or<br>Dia. _____ in. to <b>220</b> ft. depth; gauge No. <b>.265</b>  |
|   |                         |                                      |  |   | 10. Screen: Manufacturer's name _____<br><b>sawed perf.</b><br>Type <b>PVC</b> Dia. <b>5"</b><br>Slot/gauze <b>.030</b> Length <b>100</b><br>Set between <b>115</b> ft. and <b>215</b> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/8 to 3/16</b>   |
|   |                         |                                      |  |   | 11. Static water level: _____ mo./day/yr.<br><b>120</b> ft. below land surface Date <b>8-26-76</b>   |
|   |                         |                                      |  |   | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>60</b> g.p.m.   |
|   |                         |                                      |  |   | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____  |
|   |                         |                                      |  |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>28</b> Inches above grade   |
|   |                         |                                      |  |   | 15. Well grouted? <b>yes</b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From _____ ft. to <b>10</b> ft.   |
|   |                         |                                      |  |   | 16. Nearest source of possible contamination:<br>ft. <b>100</b> Direction <b>NE</b> Type <b>oil well</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
|   |                         |                                      |  |   | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
| (Use a second sheet if needed)  |                         |                                      |  |   |  |
| 18. Elevation:  | 19. Remarks:            |                                      | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Carlile Water Well 118</b><br>Business name _____ license No. _____<br>Address <b>box 275, Liberal, Ks.</b><br>Signed <b>Edward E. Means</b> Date <b>9-10</b><br>Authorized representative |   |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                         |                                      |  |   |  |

T 32 S R 33 E  
 Sec 15  
 1/4 NW SW  
 1/4

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

Form WWC-5