

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. #12559

Baughman 1-U

1. Location of well:		County Seward	Section 1/4 NW 1/4 NW 1/4	Section number 23	Township number T 32 S R 33 E/W	Range number 33														
2. Distance and direction from nearest town or city: North of Liberal on Hwy 160 Jct. - 1 mi. We. - 1 1/2 mi. SE. to Location.			3. Owner of well: Rains & Williamson Oil Co., Inc. R.R. or street: 435 Page Court, 220 W. Douglas City, state, zip code: Wichita, Kansas 67202																	
4. Locate with "X" in section below: 		6. Bore hole dia. 9 in. Completion date 8/14 Well depth 260 ft.		7. 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																
5. Type and color of material		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		9. Casing: Material _____ Height: Above or below Threated _____ Welded _____ Surface 28 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 2.78 lbs./ft. Dia. 5 in. to 195 ft. depth; Wall Thickness: inches or Dia. 2 in. to 260 ft. depth; gage No. 285																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Surface</td> <td>0</td> <td>2</td> </tr> <tr> <td>Clay</td> <td>2</td> <td>18</td> </tr> <tr> <td>Clay, Med. to lge. sand</td> <td>18</td> <td>40</td> </tr> <tr> <td>Fine sand & med. to lge. sand</td> <td>40</td> <td>260</td> </tr> </tbody> </table>			From	To	Surface	0	2	Clay	2	18	Clay, Med. to lge. sand	18	40	Fine sand & med. to lge. sand	40	260	10. Screen: Manufacturer's name Sawed Perf. Type PVC Dia. 5 in. Slot/gauze .030 Length 60 ft. Set between 195 ft. and 255 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material 1/8-3/16		11. Static water level: _____ mo./day/yr. 120 ft. below land surface Date 8/16/14	
	From	To																		
Surface	0	2																		
Clay	2	18																		
Clay, Med. to lge. sand	18	40																		
Fine sand & med. to lge. sand	40	260																		
		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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 _____ 28 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 0 ft. to 10 ft.																
		16. Nearest source of possible contamination: ft. 100 Direction NE Type oil well 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. Carlile Water Well Service 118 Business name _____ License No. _____ Address Box 275, Liberal, Ks. Signed Edward E. Means Date 8/16 Authorized representative																
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley																				

32
 33
 23
 1/4
 1/4
 1/4

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

Form WWC-5