

PERMIT #T79-35

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

CWV Inv. #15558

Lemert #1

1. Location of well:	County Seward	Fraction 1/4 1/4 C-SE /4	Section number 34	Township number T 32S S R 33W E/W	Range number
2. Distance and direction from nearest town or city: From Liberal go 13m North on Hwy 83 turn left thru cattle guard - follow road to location.			3. Owner of well: B & N Drilling R.R. or street: Box 1203 City, state, zip code: Great Bend, Kansas 67530		
4. Locate with "X" in section below:		Sketch map: Follow rd thru cattle guard 13m North Hwy 83 LIBERTY			
5. Type and color of material		From	To		
Surface		0	2	6. Bore hole dia. <u>9</u> in. Completion date 2-27-79 Well depth <u>120</u> ft.	
Clay		2	24	7. <input 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	
Gravel		24	65	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		65	70	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>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.265</u>	
Gravel		70	85	10. Screen: Manufacturer's name _____ Sawed perf.	
Clay		85	92	Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>60'</u> Set between <u>60</u> ft. and <u>120</u> ft. _____ ft. and _____ ft.	
Gravel		92	102	Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8-3/16</u>	
Clay		102	108	11. Static water level: _____ mo./day/yr. <u>55</u> ft. below land surface Date <u>2/27/79</u>	
Gravel		108	120	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 <u>Box AA, Liberal, KS</u> Signed <u>Edward F. Mena</u> Date <u>3-2-79</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 32
 R 33
 W 34
 Sec CSE
 1/4 1/4 1/4

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

Form WWC-5