

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

Well No. #3 Inv. # 11896

1. Location of well:		County Seward	Fraction Near Center 1/4 1/4 SW 1/4	Section number 35	Township number T 32	Range number S R 33	E/W
2. Distance and direction from nearest town or city: of Liberal, 1 1/2 west. Street address of well location if in city:			3. Owner of well: Bernard E. Carlile R.R. or street: Box 275 City, state, zip code: Liberal, Kansas 67901				
4. Locate with "X" in section below:		Sketch map: 			6. Bore hole dia. 28 in. Completion date Dec. 7 Well depth 238 ft.		
5. Type and color of material		From	To	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			
				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		0	2	9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 12.05 lbs./ft. Dia. 16 in. to 108 ft. depth! Wall Thickness, inches or Dia. 16 in. to 238 ft. depth! gage No. .250			
Fine sand & Med. to large sand		2	28	10. Screen: Manufacturer's name Doerr Type Perf. Dia. 16" Slot/gauze 3/32 Length 120' Set between 108 ft. and 228 ft. ft. and _____ ft.			
Clay and Fine Sand		28	31	Gravel pack? <input checked="" type="checkbox"/> yes Size range of material 1/8 to 3/16			
Medium to large sand		31	60	11. Static water level: _____ mo./day/yr. 47 ft. below land surface Date 12-1-75			
Fine sand & Med. to large sand		60	160	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2000 g.p.m.			
Fine sand & Med. to large sand		160	240	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
Fine sand & Sandy clay 40-60		240	390	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade			
Sandy blue clay, 10% sand, 90% clay		390	238	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: none ft. _____ Direction _____ Type _____ 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 118 Business name _____ License No. _____ Address Box 275, Liberal, Ks. Signed Edward E. Means Date 12-31-75 Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley							

T 32
 R 33
 E
 S 35
 Sec
 1/4 1/4 SW 1/4
 CSM

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

Form WWC-5