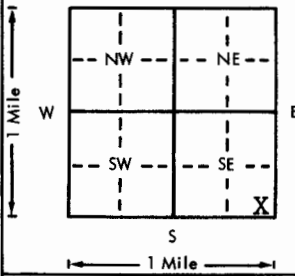


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

location?
Seward Co.

WATER WELL RECORD
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> Location of well:	County <u>Seward</u>	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 4	Township number T 32 S R	Range number 34 <input checked="" type="checkbox"/> <u>W</u>
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: Street address of well location if in city: <u>15 n. 4 w Liberal</u>			3. Owner of well: Clinton Stalker R.R. or street: Satanta, Kansas 67870 City, state, zip code:		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia: <u>9 7/8</u> in. Completion date _____ Well depth <u>307</u> ft. <u>8-19-76</u>
Top soil soil			0	5	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
Clay			6	60	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Gravel			61	200	9. Casing: Material <u>PVC</u> Height: Above or Below <u>Surface</u> Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>307</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>265</u>
Clay			201	210	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>40'</u> Set between <u>267</u> ft. and <u>307</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>3/16"</u>
Gravel			211	225	11. Static water level: _____ mo./day/yr. <u>148</u> ft. below land surface Date <u>7/09/76</u>
Med. to lar. sand			226	285	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.
Gravel			286	307	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>12</u> inches above grade
					15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: <u>none</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <u>Erected</u> Not installed Manufacturer's name <u>Hiss Tower</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>168</u> ft. capacity <u>3</u> 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 checked="" type="checkbox"/> Other
					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. <u>Friesen Windmill</u> <u>252</u> Business name License No. Address <u>Meade, Kansas 67864</u> Signed <u>Fred Friesen</u> Date <u>9-3-76</u> Authorized representative
18. Elevation:			19. Remarks:		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

32 370 4 SESESE
 T R Sec 1/4 1/4 1/4

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

Form WWC-5