

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

Permit no 80-20

CWW 16656

Hitch #1-31

1. Location of well:		County <b>Seward</b>	Fraction <b>1/4 SW 1/4 NW 1/4</b>	Section number <b>31</b>	Township number <b>T 32 S R 34 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>From Liberal go 9 mi North 8 mi West 33/4 mi North</b> Street address of well location if in city: <b>East into location</b>		3. Owner of well: <b>Gabbert &amp; Jones</b> R.R. or street: <b>830 Sutton Place</b> City, state, zip code: <b>Wichita, Kansas 67202</b>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>320</u> ft. <u>1-10-80</u>		
				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		
5. Type and color of material		From	To	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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<b>Surface</b>		<b>0</b>	<b>2</b>	9. Casing: Material _____ Height: <u>Above or below</u> 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>260</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.256</u>		
<b>Clay</b>		<b>2</b>	<b>18</b>	10. Screen: Manufacturer's name _____ Type <u>Sawed</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>60'</u> Set between <u>260</u> ft. and <u>320</u> ft. _____ ft. and _____ ft.		
<b>Fine sand</b>		<b>18</b>	<b>42</b>	Gravel pack? <u>Yes</u> Size range of material <u>1/8-3/16</u>		
<b>Clay</b>		<b>42</b>	<b>58</b>	11. Static water level: _____ mo./day/yr. <u>176</u> ft. below land surface Date <u>1-10-80</u>		
<b>Fine sand</b>		<b>58</b>	<b>132</b>	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.		
<b>40% clay &amp; 60% fine sand</b>		<b>132</b>	<b>187</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<b>Medium to large sand</b>		<b>187</b>	<b>214</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade		
<b>Clay</b>		<b>214</b>	<b>236</b>	15. Well grouted? <u>Yes</u> 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.		
<b>15% clay &amp; 85% fine sand</b>		<b>236</b>	<b>320</b>	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>N.E.</u> Type <u>Oil well</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. <u>118</u> <b>Carlile Water Well Service</b> Business name License No. _____ Address <u>Box AA Liberal, Kansas</u> Signed <u>Edward E. Means</u> Date <u>1-21-80</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

T 32 S R 34 E/W  
 Sec 31  
 1/4-1/4  
 80  
 NW