

PERMIT # T-78-49

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. #14448

Hitch C-2

1. Location of well:	County <b>Seward</b>	Fraction 1/4 NE 1/4 NE 1/4	Section number <b>33</b>	Township number T <b>32S</b> S R	Range number R <b>34W</b> E/W
2. Distance and direction from nearest town or city: <b>Go North of Lib. on Hwy 83 to Satanta cutoff rd. then 2m N</b> Street address of well location if in city: <b>5m West - 1m North - West to location.</b>			3. Owner of well: <b>Anadarko Production Company</b> R.R. or street: <b>c/o P. Gatlin, Box 351</b> City, state, zip code: <b>Liberal, KS 67901</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			6. Bore hole dia. <u>9</u> in. Completion date <u>3-21</u> Well depth <u>320</u> ft.		
			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 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		
5. Type and color of material			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>235</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>320</u> ft. depth gage No. <u>265</u>		
Surface			10. Screen: Manufacturer's name _____ <b>Sawed perf.</b>		
Sandy clay			Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>80'</u> Set between <u>235</u> ft. and <u>315</u> ft. _____ ft. and _____ ft.		
Fine sand			Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>1/8-3/16</u>		
Sandy clay			11. Static water level: _____ mo./day/yr. <u>185</u> ft. below land surface Date <u>3-21-78</u>		
Fine sand & medium sand to small sand			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? <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.		
			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. <b>Carlile Water Well Service 18</b> Business name License No. _____ Address <u>Box 275, Liberal, KS</u> Signed <u>Edward E. Means</u> Date <u>3-24-78</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 32  
 R 34  
 S 33  
 E NE  
 Sec 1/4 1/4 1/4

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

Form WWC-5