

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

1. Location of well:	County <b>Seward</b>	Fraction <b>SW 1/4 SE 1/4 NW 1/4</b>	Section number <b>18</b>	Township number <b>T 33 S</b>	Range number <b>R 32 E</b>
2. Distance and direction from nearest town or city: <b>Jct. 83 &amp; 270 go 2 South, 4 East, 2 1/2 North</b> Street address of well location if in city:			3. Owner of well: <b>Wilbur Harvey</b> R.R. or street: <b>RFD 2</b> City, state, zip code: <b>Liberal, KS 67901</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: <b>NW 1/4 of Sec. 18, T33S, R32W, Seward County, Kansas.</b>		
5. Type and color of material			From	To	6. Bore hole dia. <u>22</u> in. Completion date _____ Well depth <u>118</u> ft. <b>April 19, 1979</b>
<b>Fine sand</b>			0	18	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary
<b>Medium to coarse sand and fine gravel, clean</b>			18	56	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
<b>Medium to coarse sand with few clay streaks</b>			56	62	9. Casing: Material <u>Stl</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>37</u> lbs./ft. Dia. <u>10</u> in. to <u>58</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>203</u>
<b>Medium to coarse sand and fine gravel, clean</b>			62	114	10. Screen: Manufacturer's name <u>Brown</u> Type <u>Louver</u> Dia. <u>10"</u> Slot/gauze <u>1/8"</u> Length <u>60</u> Set between <u>58</u> ft. and <u>118</u> ft. Gravel pack? <input checked="" type="checkbox"/> Yes _____ ft. and _____ ft. Size range of material <u>3.9 mm</u>
<b>Medium to coarse sand with clay streaks</b>			114	118	11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>10-12-78</u>
<b>Brown clay</b>			118	132	12. Pumping level below land surfaces: <u>No Test</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
<b>Brown clay with sand streaks</b>			132	160	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 checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: <u>Unknown</u> 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	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>Layne-Western Co., Inc. 102</b> Business name _____ License No. _____ Address <b>Garden City, KS 67846</b> Signed <u>Steve Busen</u> Date <u>7-18-79</u> Authorized representative		

T  
R  
E  
S  
E  
C  
1/4  
1/4  
1/4  
1/4  
33 32 18 SW SE NW

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

Form WWC-5