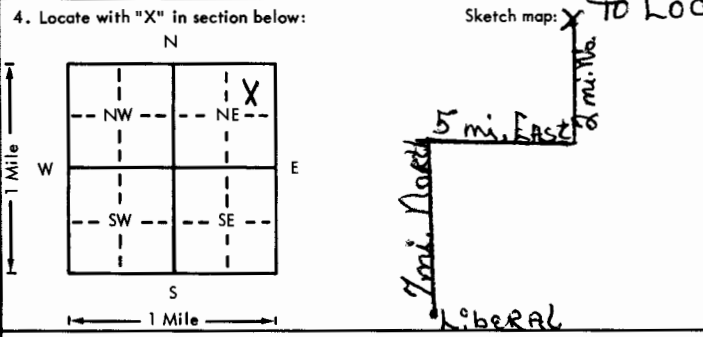


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

CWW Inv. #12848

1. Location of well:	County <b>Seward</b>	Fraction <b>1/4 NE 1/4 NE 1/4</b>	Section number <b>19</b>	Township number <b>T 33 S</b>	Range number <b>R 32 E/W</b>
2. Distance and direction from nearest town or city: <b>From Liberal Go 7 miles North- 5 mi. East &amp; 2 mi. North</b> Street address of well location if in city:			3. Owner of well: <b>Bob Carlile</b> R.R. or street: <b>1141 S. Persing</b> City, state, zip code: <b>Liberal, Kansas 67901</b>		
4. Locate with "X" in section below: 			6. Bore hole dia. <b>1 1/2</b> in. Completion date <b>11/1</b> Well depth <b>140</b> ft.		
5. Type and color of material			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 type="checkbox"/> Oil field water <input type="checkbox"/> Other			9. Casing: Material <b>steel</b> Weight: <u>Above or below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>28</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>35.98</b> lbs./ft. Dia. <b>1 1/2</b> in. to <b>75</b> ft. depth; Wall Thickness: <u>inches</u> or Dia. <b>1 1/2</b> in. to <b>140</b> ft. depth; gage No. <b>270</b>		
10. Screen: Manufacturer's name <b>W.A. Brown</b> <b>Free-Flow</b>			11. Static water level: <u>mo./day/yr.</u> <b>35</b> ft. below land surface Date <b>11/1/76</b>		
12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>400</b> g.p.m.			13. Water sample submitted: <u>mo./day/yr.</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>28</b> Inches above grade			15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
16. Nearest source of possible contamination: ft. _____ Direction <b>none</b> 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		
18. Elevation:			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 Wells 118</b> Business name License No. _____ Address <b>Box 275, Liberal, KS</b> Signed <b>Edward E. Means</b> Date _____ Authorized representative		
19. Remarks:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			21. (Use a second sheet if needed)		

333  
 320  
 19  
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 CNE NE

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

Form WWC-5