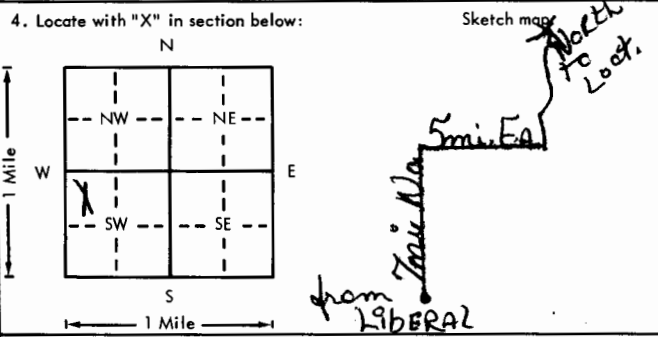


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

CWW Inv. #13285

1. Location of well:	County <b>Seward</b>	Fraction <b>1/4NW 1/4 SW 1/4</b>	Section number <b>29</b>	Township number <b>T 33 S</b>	Range number <b>S R 32 E/W</b>
2. Distance and direction from nearest town or city: <b>From Liberal Go 7 mi. No. - 5 mi. Ea. - north</b> Street address of well location if in city: <b>into location.</b>			3. Owner of well: <b>Maurice Barr</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: 			6. Bore hole dia. <b>28</b> in. Completion date <b>3/17</b> Well depth <b>210</b> ft. <b>3-17-77</b>		
5. Type and color of material			From	To	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
Surface			0	2	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
Sandy clay			2	40	9. Casing: Material <b>steel</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <input type="checkbox"/> RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>36.81</b> lbs./ft. Dia. <b>16</b> in. to <b>65</b> ft. depth Wall Thickness: inches or Dia. <b>16</b> in. to <b>165</b> ft. depth gage No. <b>.219</b>
Medium to large sand			40	140	10. Screen: Manufacturer's name <b>Doerr</b> Type <b>Steel</b> Dia. <b>16"</b> Slot/gauze <b>.080</b> Length <b>100'</b> Set between <b>65</b> ft. and <b>145</b> ft. <b>185</b> ft. and <b>205</b> ft.
M Sandy clay			140	170	11. Static water level: _____ mo./day/yr. <b>59</b> ft. below land surface Date <b>3/17/77</b>
Medium to large sand & sandy clay 80-20			170	210	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>900 not pumped</b> tested mo./day/yr.
					13. Water sample submitted: <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: <b>None</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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's 118</b> Business name _____ License No. _____ Address <b>Box 275, Liberal, KS</b> Signed <b>Edward E. Meane</b> Date <b>4/12</b> Authorized representative <b>1977</b>		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

33  
 R  
 32  
 W  
 29  
 Sec  
 1/4  
 1/4  
 1/4  
 NW SW

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

Form WWC-5