

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 <u>Seward</u>	Fraction <u>NE 1/4 NE 1/4 NW 1/4</u>	Section number <u>31</u>	Township number <u>T 33 S R 32</u>	Range number <u>E/W</u>
2. Distance and direction from nearest town or city: <u>5 miles east of Liberal, 3 North, 1/4 east.</u>			3. Owner of well: <u>Wayne Clodfelter</u>		
Street address of well location if in city:			R.R. or street: <u>RFD #2</u>		
			City, state, zip code: <u>Liberal, Kansas 67901</u>		
4. Locate with "X" in section below:		Sketch map:			
5. Type and color of material		From	To		6. Bore hole dia. <u>8</u> in. Completion date <u>4-23-76</u>
Surface		0	2		Well depth <u>260</u> ft.
Fine sand		2	78		7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
Clay and medium to large sand		78	115		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
Medium sand		115	126		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry
Clay and Medium sand		126	131		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock
Clay and medium sand		131	260		<input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other
					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>245</u> ft. depth Wall Thickness: inches or
					Dia <u>5</u> in. to <u>255</u> ft. depth gage No. <u>265</u>
					10. Screen: Manufacturer's name _____
					<u>WESCO</u>
					Type <u>PVC</u> Dia. <u>5"</u>
					Slot/gauze <u>.030</u> Length <u>10</u>
					Set between <u>245</u> ft. and <u>255</u> ft.
					ft. and _____ ft.
					Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8 to 3/16</u>
					11. Static water level: _____ mo./day/yr.
					<u>200</u> ft. below land surface Date <u>4-23-76</u>
					12. Pumping level below land surfaces:
					_____ ft. after _____ hrs. pumping _____ g.p.m.
					_____ ft. after _____ hrs. pumping _____ g.p.m.
					Estimated maximum yield _____ 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 checked="" type="checkbox"/> Pitless adapter _____ Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> yes
					With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete
					Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: <u>None</u>
					ft. _____ Direction _____ Type _____
					Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No
					17. Pump: _____ Not installed
					Manufacturer's name <u>Sta-rite</u>
					Model number <u>20PLF-20</u> HP <u>1 1/2</u> Volts <u>230</u>
					Length of drop pipe <u>240</u> ft. capacity <u>18</u> g.p.m.
					Type:
					<input checked="" type="checkbox"/> Submersible _____ Turbine
					<input type="checkbox"/> Jet _____ Reciprocating
					<input type="checkbox"/> Centrifugal _____ Other
					(Use a second sheet if needed)
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill			<u>Carlile Water Well</u> <u>118</u>		
<input type="checkbox"/> Slope			Business name _____ License No. _____		
<input checked="" type="checkbox"/> Upland			Address <u>Box 275, Liberal, Ks.</u>		
<input type="checkbox"/> Valley			Signed <u>Edward E. Means</u> Date <u>4-27-76</u>		
			Authorized representative		

T 33 S 32 R 32 E/W
 Sec 31-1/4 N 1/4 NE NE 1/4

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

Form WWC-5