

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>NW 1/4 NW 1/4 SE 1/4</u>	Section number <u>12</u>	Township number <u>T 33 S R 33 E/W</u>	Range number <u>33</u>
2. Distance and direction from nearest town or city: <u>10 N., 4 E. & 1/2 S. of Liberal, Ks.</u>			3. Owner of well: <u>Kenneth Pittman</u> R.R. or street: <u>1109 N. Cain</u> City, state, zip code: <u>Liberal, Kansas 67901</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>28</u> in. Completion date _____ Well depth <u>260</u> ft. <u>7/5/76</u>		
				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		
5. Type and color of material		From	To	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		
<u>Top soil</u>		<u>0</u>	<u>3</u>	9. Casing: Material <u>STL</u> Height: Above or below Threading <u>Welded</u> <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>260</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>219</u>		
<u>Fine sand</u>		<u>3</u>	<u>45</u>	10. Screen: Manufacturer's name _____ <u>Lakewood Pipe</u> Type <u>Mill-slot</u> Dia. <u>16"</u> Slot/gauze <u>100</u> Length <u>2 1/2</u> Set between <u>60</u> ft. and <u>260</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>20% #1 down</u> <u>30% #1 coarse</u>		
<u>Medium sand</u>		<u>45</u>	<u>65</u>	11. Static water level: _____ mo./day/yr. <u>10</u> ft. below land surface Date <u>7/5/76</u>		
<u>Fine sand</u>		<u>65</u>	<u>90</u>	12. Pumping level below land surfaces: <u>60</u> ft. after <u>3</u> hrs. pumping <u>1200</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1200</u> g.p.m.		
<u>Medium sand and clay streaks</u>		<u>90</u>	<u>150</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>Medium and fine sand</u>		<u>150</u>	<u>180</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12"</u> inches above grade		
<u>Coarse sand, gravel, and clay streaks</u>		<u>180</u>	<u>210</u>	15. Well grouted? <input checked="" type="checkbox"/> <u>X</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.		
<u>Medium sand and gravel</u>		<u>210</u>	<u>240</u>	16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
" "		<u>240</u>	<u>270</u>	17. Pump: _____ Not installed Manufacturer's name <u>Worthington</u> Model number <u>12M90</u> HP <u>40</u> Volts _____ Length of drop pipe <u>100</u> ft. capacity <u>1000</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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. <u>Clemens Irrigation</u> <u>330</u> Business name License No. _____ Address <u>Box 499 Liberal, Ks. 67901</u> Signed <u>[Signature]</u> Date <u>8/2/76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 33 S R 33 E
 Sec 12 NW 1/4 SE 1/4

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

Form WWC-5