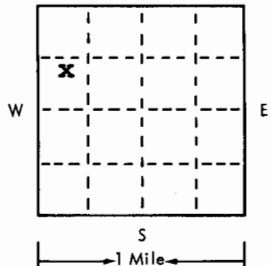


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Seward</b>	Township name	Fraction <b>NE, SW, NW</b>	Section number <b>15</b>	Town number <b>33S</b>	Range number <b>33W</b>
Distance and direction from nearest town or city: <b>10 miles N</b> <b>1 E of Liberal</b> Street address of well location if in city:				3 Owner of well: <b>Steve Burgess</b> Address: <b>512 N. Sherman</b> <b>Liberal, Kansas</b>		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: <b>Well drilled 330' west of center of NW 1/4, Sec. 15, T33S, R33W, Seward County, Kansas</b>		4 Well depth: <b>380</b> ft. Date of completion <b>6-18-75</b> Well diameter <b>28</b> in.		
2 Type and color of material		From	To	5 <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>Fine sand</b>		<b>0</b>	<b>55</b>	6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
<b>Fine to coarse sand</b>		<b>55</b>	<b>80</b>	7 Casing: Material <b>stl</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>16</b> in. to <b>380</b> ft. depth Weight <b>37</b> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Yellow clay</b>		<b>80</b>	<b>120</b>	8 Screen: Manufacturer <b>Foster &amp; Doerr</b> Type <b>Mill slot - louver</b> Dia. <b>16"</b> Slot/gauze <b>1/8"</b> Length <b>182</b> Set between <b>198</b> ft. and <b>380</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1.2mm - 9mm</b>		
<b><del>XX</del> Fine to coarse sand</b>		<b>120</b>	<b>295</b>	9 Static water level: <b>191</b> ft. below land surface Date <b>6-26-75</b>		
<b>Mixed clay and sand lenses</b>		<b>295</b>	<b>310</b>	10 Pumping level below land surfaces: <b>207</b> ft. after <b>1/4</b> hrs. pumping <b>1016</b> g.p.m. <b>238</b> ft. after <b>1</b> hrs. pumping <b>2188</b> g.p.m. Estimated maximum yield <b>2500</b> g.p.m.		
<b>Fine to coarse sand fine gravel</b>		<b>310</b>	<b>380</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<b>Blue clay sand lenses</b>		<b>380</b>	<b>410</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>xx</b> inches above grade		
<b>Fine to coarse sand lots of clay lenses</b>		<b>410</b>	<b>468</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.		
<b>Red bed</b>		<b>468</b>	<b>480</b>	14 Nearest source of possible contamination: <b>unk</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(use a second sheet if needed)				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Layne</b> Model number <b>12K</b> HP <b>100</b> Volts <b>480</b> Length of drop pipe <b>260</b> ft. capacity <b>800</b> 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		
16 Remarks: elevation  Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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. 150</b> Business name License No. Address <b>Box 686 Garden City, KS</b> Signed <b>[Signature]</b> Date <b>2 Jul 75</b> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5