

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 Seward | Fraction 1/4 NW 1/4 NW 1/4 | Section number 16 | Township number T 33 S R 33 E/W | Range number |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: From Liberal go 10 mi. North on right side of Hwy. | | | | 3. Owner of well: Bertha Thompson R.R. or street Route #2 City, state, zip code: Liberal, Kansas 67901 | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. <u>9</u> in. Completion date <u>6-26-79</u> Well depth <u>280</u> ft. | | |
| | | | | 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input 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 | | |
| Surface | | 0 | 2 | 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>220</u> depth; Wall thickness: inches or Dia. _____ in. to _____ ft. depth; gage _____ | | |
| Clay 20% & 80% Medium to large sand | | 2 | 42 | 10. Screen: Manufacturer's name _____ Sawed Type _____ Dia. <u>5"</u> Slot/gauze _____ Length <u>60'</u> Set between <u>220</u> ft. and <u>280</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/8-3/16</u> | | |
| Fine sand | | 42 | 86 | 11. Static water level: _____ mo./day/yr. <u>180</u> ft. below land surface Date <u>6-26-79</u> | | |
| Clay | | 86 | 94 | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> _____ g.p.m. | | |
| Medium to large sand | | 94 | 280 | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ <u>28</u> inches above grade | | |
| | | | | 15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> 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 <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) | | 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>118</u> Callile Water Well Service Business name _____ License No. _____ Address <u>Box AA Liberal, Kas. 67901</u> Signed <u>Edward E. Means</u> Date <u>6-28-79</u> Authorized representative | | |
| 18. Elevation: | | 19. Remarks: | | Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | |

T 33 S R 33 E
 Sec 16
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 Callile
 67901
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5