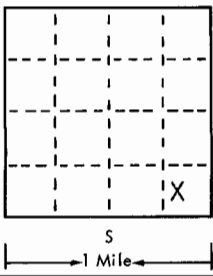


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County Seward	Township name Liberal	Fraction NW 1/4	Section number 21	Town number 33	Range number 33		
Distance and direction from nearest town or city: 9N 1/2E 1/2S of Liberal, Kansas			3 Owner of well: Richard Swan Address: 2121 Violet Lane Liberal, Kansas 67901					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		4 Well depth: 420 ft. Date of completion: 3/7/75 Well diameter: 28 in.			
2 Type and color of material			From		To			
			Overburden		0		180	
			Sand, Coarse loose Gravel		180		280	
			Sand coarse, clay streak, gravel		280		300	
			Sand, coarse, some gravel, hard streak		300		320	
			Sand, very coarse, some gravel, 2 thin clay streaks		320		340	
			Sand very coarse, some gravel, thin clay streaks		340		380	
			Sand coarse, med. layers, some gravel		380		400	
			Sand med. loose, some gravel, Blue clay		400		420	
			(use a second sheet if needed)					
5 <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			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"/>					
7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. .219 Weight _____ lbs./ft. 16 in. to 420 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			8 Screen: Perforation Manufacturer O.A. Brown Type 2 1/2" Wall Dia. 16" Slot/gauze 6% Free Flow Set between 180 ft. and 420 ft. Fittings: #1 to 1/2" Down Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____					
9 Static water level: 172 ft. below land surface Date 3-15-75			10 Pumping level below land surfaces: 198 ft. after 4 hrs. pumping 1800 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2300 g.p.m.					
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ inches above grade					
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.			14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
15 Pump: Not installed Manufacturer's name Goulds U-S Model number 12JHMC HP _____ Volts _____ Length of drop pipe 260 ft. capacity 1200 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 type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. James Drlg. Co. 257 Business name License No. Address P.O. Box 187 Liberal, Ks. Signed _____ Date 3-17-75 Authorized Representative								

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

Form WWC-5