

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

CWW Inv. #13892

Baughman B-1

1. Location of well:		County <b>Seward</b>	Fraction <b>1/4 SW 1/4 SW 1/4</b>	Section number <b>16</b>	Township number <b>T 33X S R 34W E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>From Liberal go 9 mi. North - 6m West - 4m North - East to location.</b>			3. Owner of well: <b>Anadarko Production Co.</b> R.R. or street: <b>c/o Paul Gatlin, Box 351</b> City, state, zip code: <b>Liberal, Kansas 67901</b>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: <i>East to Co. on 270</i> <i>9 Sept 83</i> <i>Liberal</i>		6. Bore hole dia. <b>9</b> in. Completion date <b>10-4-77</b> Well depth <b>240</b> ft.	
5. Type and color of material			From	To	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	
Surface			0	2	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Sandy clay			2	20	9. Casing: Material _____ Height: <u>Above</u> 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>175</u> ft. depth; Wall Thickness: inches or Dia. <u>5</u> in. to <u>240</u> ft. depth; gage No. <u>265</u>	
Medium to large sand			20	40	10. Screen: Manufacturer's name _____ <b>Sawed perf.</b> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>030</u> Length <u>60</u> Set between <u>175</u> ft. and <u>235</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8-3/16</u>	
Sandy clay			40	110	11. Static water level: <u>110</u> ft. below land surface Date <u>10/4/77</u> mo./day/yr.	
Fine sand & medium to large sand			110	130	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.	
Sandy clay			130	140	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Clay 10%, & Medium ot large sand			140	230	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade	
Clay 40%, & Medium to large sand			230	240	15. Well grouted? <u>yes</u> 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.	
(Use a second sheet if needed)					16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NE</u> Type <u>oilwell</u> 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	
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. <b>Carlile Water Well Service 118</b> Business name <b>Box 275, Liberal, KS 67901</b> License No. _____ Address <b>Box 275, Liberal, KS 67901</b> Signed <b>Edward E. Means</b> Date <b>10/18/77</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

77  
T  
N  
W  
R  
E  
S  
16  
1/4  
1/4  
1/4

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

Form WWC-5