

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 NW 1/4 NW 1/4 NW 1/4	Section number 20	Township number T 33 S R 34W E/W	Range number 34W
2. Distance and direction from nearest town or city: 5888 N and 4968 West of SE corner of section line 7 North & 7 West of				3. Owner of well: GENE SHUCK R.R. or street: RR# 1, Box 159 City, state, zip code: Liberal, KS 67901		
4. Locate with "X" in section below: Sketch map: LIBERAL, KS				6. Bore hole dia. <u>26</u> in. Completion date <u>1/6/84</u> Well depth <u>560</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		
				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		
5. Type and color of material				9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>42.5</u> lbs./ft. Dia. <u>16</u> in. to <u>560</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>250</u>		
				10. Screen: Manufacturer's name <u> </u> Type <u>Steel</u> Dia. <u>16"</u> Slot/gauze <u>1/8</u> Length <u>3</u> Set between <u>240</u> ft. and <u>400</u> ft. <u>420-500</u> ft. and <u>540-560</u> ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <u>1/8-1/4</u>		
				11. Static water level: <u>132</u> ft. below land surface Date <u>1-9-84</u> mg./day/yr.		
				12. Pumping level below land surfaces: <u>N/A</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.		
				13. Water sample submitted: <u> </u> mg./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>		
				14. Well head completion: <u>N/A</u> <input type="checkbox"/> Pitless adapter <u> </u> inches above grade		
				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.		
				16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Installed <input type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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		
				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. KTM DRILLING, INC. 225 Business name <u> </u> License No. <u> </u> Address <u>Box 1385, AUMON, OK</u> Signed <u>[Signature]</u> Date <u>1/5/84</u> Authorized representative		
18. Elevation:		19. Remarks: 16. Cropland Screen 400-420 and 500-540				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 33 S R 34 W E
 Sec 20
 1/4 1/4 1/4

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

Form WWC-5