

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 15916

Morlan A-#3

1. Location of well:		County <b>Seward</b>	Fraction <b>NE 1/4 NW 1/4 SE 1/4</b>	Section number <b>21</b>	Township number <b>T 33 S R 34</b>	Range number <b>34</b>
2. Distance and direction from nearest town or city: <b>9 mi North 5 mi West 3/4 mi South then west to location</b>		3. Owner of well: <b>Anadarko Production Company</b>		R.R. or street: <b>c/o P. Gatlin Box 351</b>		
Street address of well location if in city:		City, state, zip code: <b>Liberal, Kansas 67901</b>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. _____ in. Completion date _____ Well depth <b>260</b> ft. <b>6-11-79</b>		
				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		8. Use: <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Surface		0		9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>28</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.78</b> lbs./ft. Dia. <b>5</b> in. to <b>200</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>256</b>		
Medium to large sand		2		10. Screens: Manufacturer's name _____ Type <b>Sawed</b> Dia. <b>5"</b> <input checked="" type="checkbox"/> Shot/gauze <b>.030</b> Length <b>60</b> Set between <b>200</b> ft. and <b>260</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> size range of material <b>1/8 1/4</b>		
85% clay & 15% gravel		78		11. Static water level: _____ mo./day/yr. <b>94</b> ft. below land surface Date <b>6-11-79</b>		
35% fine sand & 65% white rock		92		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>60</b> g.p.m.		
Medium to large sand		143		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Clay & 80% fine sand		202		14. Well head completion: <input type="checkbox"/> Pitless adapter <b>28</b> inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>NE</b> Type <b>Oil well</b> 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		
				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>118</b> <b>Carlile Water Well Service</b> Business name License No. _____ Address <b>Box AA, Liberal, Kansas 67901</b> Signed <b>Edward E. Means</b> Date <b>6-18-79</b> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5