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

WATER WELL RECORD
KSA 82a-1201-1215

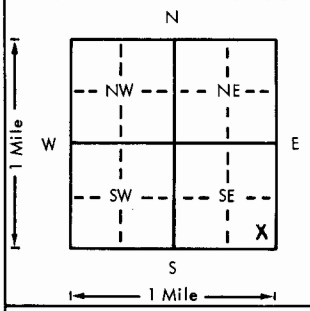
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Seward	SE 1/4 SE 1/4 SE 1/4	31	T 33 S	R 34 E (W)

2. Distance and direction from nearest town or city: 3½N, 6 W, 1 N, 1W of Liberal
Street address of well location if in city:

3. Owner of well: Max Carlson
R.R. or street: 513 N. Lincoln
City, state, zip code: Liberal, Kansas

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 9 7/8 in. Completion date _____
Well depth 243 ft. 5-09-79

7. ___ Cable tool X Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: X Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning ___ Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material PVC Height: ~~Above~~ or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 2.8 lbs./ft.
Dia. 5 in. to 243 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ~~SDR~~ 26

5. Type and color of material	From	To
Clay	0	10
Fine Sand	10	154
Clay	154	218
Medium sand-some clay	218	248
WD-243'		
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Pumpco
Type PVC Dia. 5"
Slot/gauze fine Length 60'
Set between 183 ft. and 243 ft.
_____ ft. and _____ ft.
Gravel pack? Yes Size range of material #1 fine

11. Static water level: mo./day/yr.
104 ft. below land surface Date 4/27/79

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.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date _____

14. Well head completion:
XX Pitless adapter _____ Inches above grade

15. Well grouted? Yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 4 ft. to 14 ft.

16. Nearest source of possible contamination:
ft. 10 Direction S Type old well
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Customer Installed
Model number his own pump & pipe HP Volts
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
X Upland
___ Valley

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.
Friesen Windmill 252
Business name License No.
Address Meade, Kansas 67864
Signed _____ Date 6-15-79
Authorized representative

T 33 R 34 E (W) Sec 31 1/4 1/4 1/4

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

Form WWC-5

MI-1023