

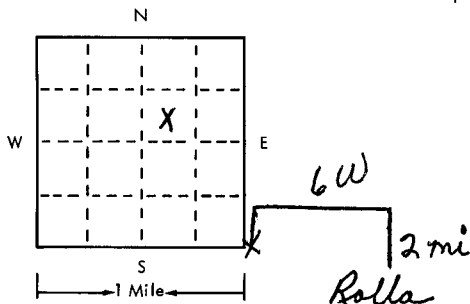
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Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Morton		C SW NE	25	33S	41W

Owner of well: Anadarko Production Co.
Address: % Paul Gatlin, Drilling Dept.
Liberal, Kansas 67901

Sketch map:



Well depth: 200 ft. Date of completion 6-17-75
Well diameter 9 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☒ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ Oil rig

7 Casing: Material Height: above/below
Threaded ☐ Welded ☐ Surface 28 in.
Digm. Weight 278 lbs./ft.
5 in. to 180 ft. depth Drive shoe? ☐ Yes ☒ No
5 in. to 200 ft. depth

2	Type and color of material	From	To
	Surface	0	2
	Fine Sand	2	20
	Medium to large sand	20	45
	Fine Sand	45	65
	Medium to large sand	65	110
	Sandy Clay	110	120
	Medium to large sand	120	200
	(use a second sheet if needed)		

8 Screen:
 Manufacturer Wesco
 Type PVC Dia. 5"
 Slot/gauze .030 Length 10'
 Set between 180 ft. and 190 ft.
 Fittings: 1/8 - 3/16
 Gravel pack ☒ Yes ☐ No Size range of material _____

9 Static water level:
70 ft. below land surface Date 6-17-75

10 Pumping level below land surfaces:
 _____ ft. after _____ hrs. pumping _____ g.p.m.
 _____ ft. after _____ hrs. pumping _____ g.p.m.
 Estimated maximum yield 45 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter **28** inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
 Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 150 Direction NE Type Oil well
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed

Manufacturer's name _____

Model number _____ HP _____ Volts _____

Length of drop pipe _____ ft. capacity _____ g.m.p.

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

16 Remarks: elevation

Topography:

☐ Hill
☐ Slope
☒ Upland
☐ 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.
Carlile Water Well Serv. 118
Business name Box 275, Liberal, KS. License No. _____
Address _____
Signed Edward E. Means Date 6-17
Authorized representative

33 416 25 CSWNE