

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

Marcelles #1 Inv. No. 11922

<input checked="" type="checkbox"/> Location of well:	County Seward	Fraction 1/4 C NW 1/4 NE 1/4	Section number 11	Township number T 34 S R 32	Range number 32	E/W
2. Distance and direction from nearest town or city: 3 miles east, 1 north, 1/2 east of Liberal Street address of well location if in city:			3. Owner of well: Rine Drilling Company Rig R.R. or street: Suite 600, 300 W. Douglas City, state, zip code: Wichita, Kansas 67202			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date 12-26-75 Well depth <u>300</u> ft.		
				7. Cable tool <input type="checkbox"/> Rotary <input checked="" 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 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		
5. Type and color of material		From	To	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>215</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>300</u> ft. depth gage No. <u>265</u>		
Surface		0	2	10. Screen: Manufacturer's name <u>sawed perf.</u>		
Sandy clay		2	70	Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>.030</u> Length <u>80</u> Set between <u>215</u> ft. and <u>295</u> ft. _____ ft. and _____ ft.		
Fine sand & Med. to Lg. sand		70	300	Gravel pack? <u>yes</u> Size range of material: <u>1/8 to 3/16</u>		
				11. Static water level: _____ mp./day/yr. <u>190</u> ft. below land surface Date 12-26-75		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</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>100</u> Direction <u>NE</u> Type <u>oil well</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		
		(Use a second sheet if needed)				
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. <u>Carlile Water Well 118</u> Business name _____ License No. _____ Address <u>Box 275, Liberal, Ks.</u> Signed <u>Edward E. Means</u> Date <u>1-5-76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

34 320
 Sec 1/4 1/4 9/14
 CAWANE

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

Form WWC-5