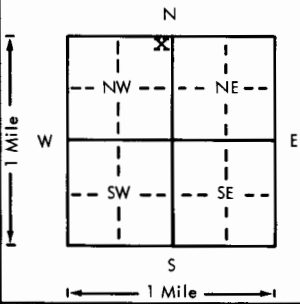


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Seward</b>	Fraction <b>NE 1/4 NE 1/4 NW 1/4</b>	Section number <b>28</b>	Township number <b>T 34 S R 32 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>5E, 2N, 1/2E of Liberal, Kansas</b>			3. Owner of well: <b>Seward Co. Land &amp; Cattle Co.</b> R.R. or street: <b>R.R.</b> City, state, zip code: <b>Liberal, Kansas</b>		
4. Locate with "X" in section below:  Sketch map: <b>NE corner of NW 1/4, Sec. 28, T34S, R32W, Seward Co., Kansas.</b>			6. Bore hole dia. <b>28</b> in. Completion date _____ Well depth <b>416</b> ft. <b>8-19-77</b>		
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input 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 checked="" 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		
			9. Casing: Material <b>Steel</b> Height: <u>Above or below</u> Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC _____ Weight <b>37</b> lbs./ft. Dia. <b>16</b> in. to <b>196</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>219</b>		
			10. Screen: Manufacturer's name <b>Doerr, Foster</b> <b>Louver</b> Type <b>Millslot</b> Dia. <b>16</b> Slot/gauze <b>1/8</b> Length <b>220</b> Set between <b>196</b> ft. and <b>416</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>2.0 mm</b>		
			11. Static water level: _____ mo./day/yr. <b>206</b> ft. below land surface Date <b>11-5-76</b>		
			12. Pumping level below land surfaces: <b>304</b> ft. after <b>1/2</b> hrs. pumping <b>1016</b> g.p.m. <b>312</b> ft. after <b>1</b> hrs. pumping <b>1040</b> g.p.m. Estimated maximum yield <b>1500</b> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: <b>Unknown</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
			17. Pump: _____ Not installed Manufacturer's name <b>Layne &amp; Bowler</b> Model number <b>12 KM</b> HP <b>115</b> Volts _____ Length of drop pipe <b>360</b> ft. capacity <b>800</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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. <b>Layne-Western Co., Inc. 102</b> Business name _____ License No. _____ Address <b>Garden City, Kansas</b> Signature <i>[Signature]</i> Date <b>19 Sept 77</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 34  
 R 32W  
 Sec 28  
 NE 1/4 NW 1/4

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

Form WWC-5