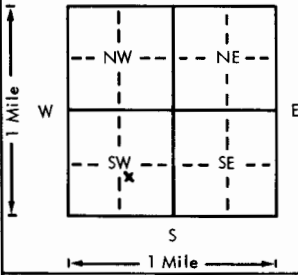


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> Location of well:	County <b>Seward</b>	Fraction <b>NW 1/4 SE 1/4 SW 1/4</b>	Section number <b>34</b>	Township number <b>T 34 S</b>	Range number <b>R 32 E/W</b>
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: <b>6 1/4 E. 1/4 N. of Liberal, KS</b> Street address of well location if in city:			3. Owner of well: <b>Leonard Wright</b> R.R. or street: <b>Box 96</b> City, state, zip code: <b>Liberal, KS 67901</b>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>9</b> in. Completion date Well depth <b>320</b> ft. <b>12/28/77</b>		
5. Type and color of material			7. <input checked="" 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		
			8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From To			9. Casing: Material <b>P115</b> Height: Above or below Threaded <input type="checkbox"/> Welded <b>91</b> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>240</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>0.258</b>		
			10. Screen: Manufacturer's name <b>J+L</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>80'</b> Set between <b>240</b> ft. and <b>320</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>48"</b>		
			11. Static water level: _____ mo./day/yr. <b>190</b> ft. below land surface Date <b>12/28/77</b>		
			12. Pumping level below land surfaces: <b>190</b> ft. after <b>1</b> hrs. pumping <b>45</b> g.p.m. <b>190</b> ft. after <b>2</b> hrs. pumping <b>45</b> g.p.m. Estimated maximum yield <b>80</b> 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 checked="" type="checkbox"/> Pitless adapter <b>14</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>3</b> ft. to <b>13</b> ft.		
			16. Nearest source of possible contamination: <b>None</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name <b>Berkeley</b> Model number <b>4BM31</b> HP <b>5</b> Volts <b>220</b> Length of drop pipe <b>252</b> ft. capacity <b>45</b> g.p.m. Type: <input checked="" 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. <b>T+W Water Well</b> <b>143</b> Business name License No. Address <b>Box 816 Liberal, KS</b> Signed <b>C. W. [Signature]</b> Date <b>1/1/78</b> Authorized representative		

T 34  
 R 32  
 E/W  
 Sec 34  
 NW  
 SE

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

Form WWC-5