WATER WELL RECORD KSA 82a-1201-1215

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

Permit	no 80-40	Hayes #1				Topeka, Kansas 66620
1 1	County	Fraction		Section	number	Township number Range number
1. Location of well:	Seward	★4 SE 1/4 SE	1/4	3	5	T 34 S R 32 E/W
2. Distance and direction from nearest town or city: go 8 mi East on Bluebell road 3. Owner of well: Rai R.R. or street: 435 F					ns & Williamson Oil Co. Page Court 220 W. Douglas Ichita, Kansas 67202	
4. Locate with "X" in section below: Sketch map: Sketch					6. Bore hole dia. 9 in. Completion date Well depth 280ft. 1-24-80 7. Cable tool Rotary Driven Dug Bored Reverse rotary 8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock Lawn XOII field water Other 9. Casing: Material Height: Above or below Threaded Welded Surface 28 in. RMP PVC X Weight 2.78 lbs./ft. Dia. 5 in. to 180 ft. depth Wall Thickness: inches or	
5. Type and color o	f material			From	То	Diain. to ft. depth gage No. <u>256</u>
Surface	e			0	2	TypeSawedDig5"
Clay				2	85	Slot/gauze
20% cla	ay & 80% medium	to large sand		85	145	- 4 4
Fine sa	and			145	280	11. Static water level: mo./day/yr.
						12. Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield 60 g.p.m. 13. Water sample submitted: mo./day/yr. Yes No Date 14. Well head completion: Pitless adapter 28 Inches above grade 15. Well grouted? Yes
						With Neat cement Bentonite Concrete Depth: From 0 ft. to 10 ft. 16. Nearest source of possible contamination: ft. 100 Direction N.E. Type Oil Well
						Well disinfected upon completion? X Yes No 17. Pump: Not installed Manufacturer's name Nodel number HP Volts Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine
	(Use a second :	sheet if needed)				Jet Reciprocating Other 6
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. Carlile Water Well Service Business name Address Box AA Liberal Kansas Signed Matchine Matchine Authorized representative
Forward the white, b	lue and pink copies to the Department	of Health and Environment				Form WWC-5