

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

Bird #1 Inv # 11900

<input checked="" type="checkbox"/> Location of well:	County Seward	Fraction 1/4-SE 1/4 SW 1/4	Section number 36	Township number T 34 S R 32	Range number E/W
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: 2 1/2 miles east of Liberal Street address of well location if in city:			<input checked="" type="checkbox"/> 3. Owner of well: Rains & Williamson Oil Co., Inc. R.R. or street: 435 Page Court, 220 West Douglas City, state, zip code: Wichita, Kansas 67202		
<input checked="" type="checkbox"/> Locate with "X" in section below:		<input checked="" type="checkbox"/> Sketch map:			
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>12-17-75</u> Well depth <u>300</u> ft.
Surface			0	2	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
Sandy clay			2	30	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
Medium to large sand			30	280	9. Casing: Material _____ Height: <u>Above</u> or below Threaded <input type="checkbox"/> 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>190</u> ft. depth Wall thickness: inches or Dia. <u>2</u> in. to <u>300</u> ft. depth gage No. <u>265</u>
Med. to large sand & Sandy clay 70-30			280	300	10. Screen: Manufacturer's name _____ <u>sawed perf.</u> Type <u>plastic</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>100</u> Set between <u>190</u> ft. and <u>290</u> ft. _____ ft. and _____ ft.
					Gravel pack? <input checked="" type="checkbox"/> <u>yes</u> Size range of material <u>1/8 to 3/16</u>
					11. Static water level: _____ mo./day/yr. <u>180</u> ft. below land surface Date <u>12-17-75</u>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</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:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					
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 Ser. 118 Business name _____ License No. _____ Address <u>Box 275, Liberal, Ks.</u> Signed <u>Edward E. Means</u> Date <u>12-30-75</u> Authorized representative					

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

Form WWC-5