

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

**34S 33W** **SE NE NW**  
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Seward</b>	Township name	Fraction <b>SE-NE-NW</b>	Section number <b>3</b>	Town number <b>34S</b>	Range number <b>33W</b>
Distance and direction from nearest town or city <b>1 North &amp; south to well 5 miles north, 1 East</b>				3 Owner of well: <b>Richard Farmer</b> <b>1229 Terrace</b> <b>Liberal, Kansas 67901</b>		
Street address of well location if in city:				Address: <b>Liberal, Kansas 67901</b>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>390</b> ft. Date of completion <b>11-5-74</b> Well diameter <b>9</b> in.		
				5 <input 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		
2 Type and color of material		From	To	6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <b>Stock</b>		
Surface		0	3	7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5 1/2</b> in. to <b>380</b> ft. depth Weight <b>2.78</b> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Fine Sand and Brown clay		3	18	8 Screen: Manufacturer <b>WESCO</b> Type <b>PVC</b> Dia. <b>5 1/2</b> Slot gauze <b>.030</b> Length <b>10</b> Set between <b>380</b> ft. and <b>390</b> ft. Fittings: <b>1/4 - 3/16"</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material		
Brown clay		18	158	9 Static water level: <b>215</b> ft. below land surface Date <b>11-5-74</b>		
Brown clay and gravel		158	179	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>40</b> g.p.m.		
Sand and gravel with brown clay		179	237	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
Sand and gravel with brown clay streaks		237	390	12 Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
(use a second sheet if needed)				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>10</b> ft.		
16 Remarks: elevation				14 Nearest source of possible contamination: <b>NONE</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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		
				17 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>Carlile Water Well 118</b> Business name License No. Address <b>Box 275, Liberal, Ks.</b> Signed <b>Edward E. Means</b> Date <b>11-20-74</b> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5